

**BOARD OF GOVERNORS OF THE LICENSED ARCHITECTS
LANDSCAPE ARCHITECTS AND REGISTERED INTERIOR DESIGNERS OF OKLAHOMA**
220 NE 28th Street, Suite 150, Oklahoma City, OK 73105
PHONE (405) 949-2383

Address Correction Requested

Full Name: _____

Address: _____

Registration #: _____

**REGISTERED INTERIOR DESIGNER RENEWAL
REINSTATEMENT APPLICATION**

Reinstatement fee for two-year period ending June 30, 2021

19/21 Renewal fee	\$325.00
<u>19/21 Late/Reinstatement fee</u>	<u>\$225.00</u>
Total	\$550.00

Your canceled check will serve as your receipt. MAKE CHECKS PAYBLE TO OKLAHOMA BOARD OF ARCHITECTS. You are required to complete the following information to renew. **READ CAREFULLY!**

1. EMAIL ADDRESS:

2. ___ YES ___ NO Have you been investigated, charged, or disciplined **since 6/30/2017**, or are you currently under investigation by **any** governing or licensing board or by **any** state or federal agency? If yes, submit details.

3. ___ YES ___ NO Have you been charged, arrested, convicted, found guilty or pleaded nolo contendere to any criminal offense **in any state since 6/30/2017** (excluding non-criminal traffic infractions)? If yes, submit details.

4. CONTINUING EDUCATION:

___ I certify and affirm that I have participated in the continuing education activities as submitted during the period July 1, 2017 to June 30, 2019. **[Complete CEU form. Must attach transcript & or copies of completed certificates.]**

___ I certify and affirm that I did not meet the required time period for CEU credit, however have since completed the hours above and am submitting the appropriate \$1000 fine. **[Complete CEU form & must include copies of completed certificates or transcript]**

___ I certify and affirm that I am exempt from the continuing education for the following reason (55:10-17-5): [Check one]

- First Time Registrant**
- Active Duty Military Duty Personnel
- Hardship Status (attach letter)
- Retired from active practice (Emeritus)

6. ___ YES ___ NO Do you contract using your firm name in Oklahoma? (If "no" skip to signature)

7. Firm Name:

8. Your **LEGAL** position in the firm: [Check one]

- General Partner
- Director
- Partner
- Officer
- Principal
- Shareholder
- Manager [applies to LLC]
- Member [applies to LLC]
- Employee

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

[Registrant Signature]

[Date]