



APPLICATION FOR ARCHITECT CORPORATION LICENSE

State Form 44867 (R2 / 1-01)
Approved by the State Board of Accounts, 2001

FOR OFFICE USE ONLY	
C O U N T B E R O R L	

Check one (1) corporation type:

Architect Landscape Architect Architect / Landscape Architect

INSTRUCTIONS: Professional architect and landscape architect corporations may be organized for the practice of architecture upon compliance with the Professional Corporation Act of 1983, IC 23-1.5 administered by the Office of the Secretary of State of Indiana, State House, Indianapolis, IN 46204.

Notification shall be given to the Secretary of State's office and the Indiana Board of Registration for Architects within thirty (30) days after a change of business address of the Corporation and the admission to or withdrawal of a shareholder, giving the names and addresses of both and transferor and transferee shareholders. Also, a certified copy of all amendments to the Articles of Incorporation must be submitted to the Secretary of State's office and the Board of Registration for Architects.

One shareholder shall execute Affidavit of Shareholder on the back of this application.

FEDERAL IDENTIFICATION NUMBER
Your Federal Identification number is being requested in accordance with IC 4-1-8-1. It is not mandatory that this number be given. If given, it will be made available to the Indiana Department of Revenue.

FEE \$25.00
Make check or money order payable and mail to: INDIANA PROFESSIONAL LICENSING AGENCY INDIANA GOVERNMENT CENTER SOUTH 302 W. WASHINGTON STREET RM E034 INDIANAPOLIS IN 46204

CORPORATION INFORMATION

Date	Federal Identification number
Gentlemen: The Corporation known as _____ is engaged in the practice of architecture and hereby makes application for registration pursuant to the Professional Corporation Act of 1983, IC 23-1.5.	
Name of principal office of corporation	Telephone number ()
Address (number and street, city, state, ZIP code)	

SHAREHOLDER / DIRECTOR / OFFICER PRACTICING OR LICENSED (Designate Shareholder, Director or Officer)

Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
(Check appropriate box) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		
Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
(Check appropriate box) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		
Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
(Check appropriate box) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		
Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
(Check appropriate box) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		
Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
(Check appropriate box) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		

**SHAREHOLDER / DIRECTOR / OFFICER PRACTING OR LICENSED
(Designate Shareholder, Director or Officer)**

Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
<i>(Check appropriate box)</i> <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		
Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
<i>(Check appropriate box)</i> <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		
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<i>(Check appropriate box)</i> <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		
Name of individual	Architect registration number	Address (number and street, city, state, ZIP code)
Name of state of original issue	Registration number of original issue	
<i>(Check appropriate box)</i> <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer		

**AFFIDAVIT OF SHAREHOLDER A CORPORATION OF PROFESSIONAL ARCHITECTS
OR REGISTERED LANDSCAPE ARCHITECTS AND / OR PROFESSIONAL ARCHITECTS AND REGISTERED LANDSCAPE ARCHITECTS**

STATE OF _____

COUNTY OF _____

} SS:

(Notary Seal)

I, _____ being duly sworn, deposes and says that he/she is a registered Architect / Landscape Architect, and his/her office and principal place of business is located at _____. That he/she is a shareholder of the corporation known as _____, that all statements made in this application regarding the said corporation are true; that said corporation has complied with all provisions of corporation laws of this State applicable thereto; that each shareholder of said corporation is a registered Architect or Landscape Architect in good standing; that each officer is a registered Architect or Landscape Architect in good standing; and each director is a qualified person as defined by IC 25-4-2.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to <i>(Notary Public)</i>	County of residence	Date commission expires