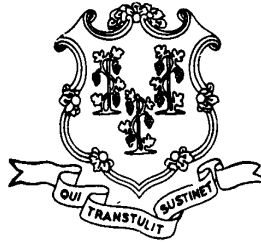


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.occupationalprofessional@ct.gov
 Web site: www.ct.gov/dcp



Application for Architect Emeritus

Instructions (must satisfy one of the below conditions)

1. Proof of having been licensed for not less than ten (10) years in this State or are sixty-five (65) years of age or older.
2. An architect who provides, to the board or department's satisfaction, documentation that he or she is physically or mentally unable to participate in the active practice of architecture may apply for architect emeritus status.
3. The non-refundable fee for architect emeritus status is **\$10.00**. Checks or money orders should be made payable to "Treasurer, State of Connecticut." Return this completed application, attached documentation, and fee to the above address.

To apply for Architect Emeritus Status (chose one of the options below)

- I am over 65 years old (Include copy of driver's license)
- I have been a licensed architect in Connecticut for 10 years (indicate initial license date) _____
- I am physically or mentally unable to participate in the practice of architecture (include letter of description)

Applicant Information

| | | | | |
|-------------------|----------------|----------------|-------|----------|
| Name * | | | | |
| Street Address | | City | State | Zip Code |
| Telephone Number* | Date of Birth* | Email Address* | | |

License Information

| | | |
|-----------------|------------------|--|
| License Number* | Expiration Date* | <input type="checkbox"/> I understand I am requesting Architect Emeritus status and accept the conditions associated with Architect Emeritus status prohibiting the practice of Architecture for which my license was originally issued. |
|-----------------|------------------|--|

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided on this application is the truth to the best of my knowledge.

 Signature

 Date

* Required fields