

SOUTH CAROLINA BOARD OF ARCHITECTURAL EXAMINERS
Post Office Box 11419, Columbia, SC 29211-1419
Synergy Business Park, Kingstree Building, 110 Centerview Drive (29210)
Phone: (803) 896-4408

EMERITUS ARCHITECT APPLICATION

NAME AND MAILING ADDRESS

REGISTRATION NO.

(Please include your full name, registration number, e-mail and complete mailing address)

Phone:

Fax:

E-mail:

INSTRUCTIONS FOR COMPLETING EMERITUS RENEWAL FORM

- Complete the Certification Statement by signing and dating the form below.
- Return application

CERTIFICATION STATEMENT:

EMERITUS ARCHITECT. I certify that I am 65 years old or older, have been licensed as an architect for 10 consecutive years and am retired from active practice as an architect. As an Emeritus Architect, I understand that I may not provide **ANY** architectural services at all, nor may I act as expert witness on architectural matters or consult with clients, attorneys, or others as an architect.

Original Signature

Date