# Wyoming State Board of Architects and Landscape Architects

2001 Capitol Ave, Room 127 ♦ Cheyenne, WY 82002

## License Verification to Wyoming

### 1. APPLICANT - Complete only this section and forward to your jurisdiction for processing.

| *Last Name* | *First Name* | *Middle Initial* |
|---|---|---|
| *Mailing Address* | *City, State, Zip* | |
| *Phone* | *Email* | |

### 2. LICENSING BOARD - Complete this section and return directly to the Board office by mail or email.

| *Agency Name* | *City, State* |
|---|---|
| *Agency Contact Name* | |
| *Phone* | *Email* |

Regarding the applicant listed in Section 1, our records show:

| *Name* | *License #* |
|---|---|
| *License Profession* | *Original Issue Date* | *Expiration Date* |

*Licensed by (check as many as applies):*

- ▢ Grandfather Clause or Exemption
- ▢ Reciprocity/Endorsement
- ▢ Examination
  - ▢ ARE
  - ▢ Other
- ▢ Education
  - ▢ NAAB Accredited Degree
  - ▢ NCARB Alternative
  - ▢ Other
- ▢ Experience
  - ▢ Completed NCARB IDP/AXP
  - ▢ Other

| Have administrative penalties or disciplinary action been taken against this individual? (If "yes", please attach a copy of the action.) | ▢ Yes ▢ No |
|---|---|
| *Signature* | *Date* |