



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF BUILDING, DESIGN AND FIRE PROFESSIONALS
STATE BUILDING OFFICE
560 Jefferson Blvd, Suite 100
Warwick, Rhode Island 02886
DBR.DesignProf@dbr.ri.gov

Surrender of Architect Registration

Choose from an option below.

_____ No, I do not want to renew

_____ Requesting Emeritus/Emerita Status
(Honorary Title – Retired Architect Prohibited from Practicing)- Requires Board Approval

RI Architect Registration #: _____

Phone: () _____

Name: _____

Street Address: _____

City, State Zip: _____

Email address: _____

I declare under penalty of perjury that all information provided herein is true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my registration in the State of Rhode Island. I understand that I have an affirmative duty to inform the *Board of Examination and Registration of Architects* of any change after this application is signed.

_____ Enclosed is my stamp and/or seal pursuant to RI General Laws § 5-1-12(b).

Signature of Applicant: _____ Date: _____

Please submit by mail to the above address: **Attn: Design Professionals/Architects**. If you have any questions, please email: DBR.DesignProf@dbr.ri.gov