

Architect Retired/Inactive Status Application



Complete this form to change your architect license to retired or inactive status.

Scan and email completed form to: architects@dol.wa.gov

Or mail to:

Washington State Board for Architects Department of Licensing PO Box 9012 Olympia, WA 98507-9012



For questions or language help call: (360) 664-1388

I would like to change my status to: \square Retired				
☐ Inactive (additional requirements m	າay apply if you remain ina	active for more than 5	years)	
To later reinstate your license to active current renewal fee. If returning from i professional development.				
PRINT or TYPE Name			Date of birth	
Mailing address				
City		State	ZIP code	
License number		Effective date	Effective date of retirement/inactivity	
(Area code) Phone number	Email address			
Do you understand that once we ha				
l declare under penalty of perjury und	der the law of Washington	that the foregoing is	true and correct.	
	TYPE or PRINT Name			
Date and place	Signature			

RCW 18.08.430 WAC 308-12-225, 235, 240