



**State of Washington  
Business Licensing Service**  
PO Box 9034  
Olympia, WA 98507-9034  
1-800-451-7985

UBI
Owner name <i>(Please print clearly)</i>

### Architect Firm Addendum

*Failure to complete the entire addendum will cause a delay in processing your application or renewal.*

A Registered Professional Design Firm Certificate of Authorization is required for any firm practicing or offering to practice architectural services in Washington. **Each Architect Firm must have at least one Designated Architect.**

Please select one:

- New Application/Certificate of Authorization – Must be submitted with the Business License Application. ----- **\$278 fee**  
**\$6.50 surcharge fee**
- Change or Add an additional Designated Architect – Be sure to include your UBI and Owner name above. ----- **no fee**

A Designated Architect:

- is responsible for all final architectural decisions on behalf of the firm with respect to work performed by the firm in Washington State.
- must **be a governing person** and hold a position of responsibility within the business structure.
- must be registered to practice in Washington State.

### Designated Architect information - complete one form for each designated architect

Designated Architect name <i>(First, Middle, Last)</i>	Architect registration number
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### Requirements

You must confirm statements 1 and 2 by marking the “yes” box. If your firm is a Corporation, you must also confirm statements 3 and 4.

The Designated Architect named above is one of the following:

- a **partner** for a Partnership or Limited Liability Partnership.
- a **manager** for a Limited Liability Company.
- a **director** for a Corporation or Professional Service Corporation.
- a \_\_\_\_\_ for an ownership structure not listed above.  
Provide the title

1. He/she has been notified of his/her responsibilities and obligations involved with serving as the Designated Architect for this firm. ....  Yes
2. I understand this certificate of authorization is based upon the current architect registration(s) of the Designated Architect(s). If the registration(s) of the Designated Architect(s) should become delinquent, I understand that the firm’s certificate of authorization is invalid. ....  Yes

If your firm is a **Corporation**, please confirm 3 and 4:

3. Our resolution states that the Designated Architect named above is the Designated Architect of this firm. ....  Yes
4. Our by-laws state all architect decisions shall be made by the Designated Architect responsible for architectural activities of the firm. ....  Yes

### Remove Designated Architect – attach additional sheets if needed

Name of Designated Architect to be removed <i>(First, Middle, Last)</i>	Architect registration number
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*As the applicant or authorized representative of the firm completing this application, I have read the requirements and certify under penalty of perjury under the laws of the state of Washington that the requirements have been met and the foregoing is true and correct.*

**X**

_____ Date and Place	_____ Signature of applicant or authorized representative
_____ (Area code) Telephone number	_____ Print name