

National Council of Building Designer Certification



RECIPROCITY APPLICATION

| |
|------------------------------|
| For Council Use Only: |
| Date received: |
| Pmt. received: |
| Approved by: |
| Confirmation sent: |

PLEASE SEND APPLICATION TO:

The National Council of Building Designer Certification
2962 Saklan Indian Drive
Walnut Creek, CA 94595
Info@ncbdc.com

Be sure to include the following:

1. Reciprocity application fee of \$240. This includes stamp **or** seal and certificate. Fee will be refunded upon denial of reciprocity only.
2. Copy of Architectural or Engineering degree.
3. Copy of Architectural or Engineering license with proof of current validation.
4. Three letters of recommendation and three sets of working drawings. (If applicable, as described below)

Part 1. PERSONAL DATA

Application is hereby made for reciprocity by the National Council of Building Designer Certification.

Date of Application: _____

Last Name: _____ First Name: _____

Middle Name or Initial: _____ Date of birth: _____

Home Address (must be physical): _____
(if address cannot be verified through information, you must include a copy of one of your last months utility bills)

City, State, zip: _____

Home phone: _____

Business name: _____

Mailing or Business Address: _____

City, State, Zip: _____

Business Phone: _____ Fax #: _____

E-mail: _____ Cell/ Pager #: _____

Requested date and exam location: _____
(Please see notice #2 above)

Examiner name (if applicable): _____

Please check as appropriate:

I prefer my mailings sent to my _____ Business Address _____ Home Address .

_____ I am not a member of AIBD.
(Continue with **part 2** of application)

_____ I am an AIBD Professional member in "good standing".
(Skip part 2- continue with **part 3** of application)

Part 2. BACKGROUND AND EXPERIENCE APPLICATION

A. Please submit, for approval, the items listed below, and include these items with this application:

1. Three letters of recommendation from any of the following: building official, builder, architect, engineer or Certified Professional Building Designer.
2. A set of working drawings for three separate projects completed by the applicant, including structural information, specifications and preliminary plans, if applicable. (Drawings become property of NCBDC and will not be returned. Please do not send originals.)

B. Please list all employment related to building design: (Begin with present employer)

| NAME, ADDRESS & TELEPHONE | TYPE OF BUSINESS & POSITION | #YEARS |
|--------------------------------------|----------------------------------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

If part-time work is listed, state average number of hours per week. All applicants shall include an employment verification letter from each employer stating type of business, work description, position held, and length of employment.

C. Description of employment relevant to part 2 question b.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

D. Education

| LEVEL | SCHOOL NAME | ADDRESS | # YEARS |
|--------------|-------------|---------|---------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE SCHOOL | | | |
| OTHER | | | |

E. Description of education listed above as related to building design:

Please include copies of transcripts, letters of completion and diplomas.

F. Please certify what portion of the submitted working drawings were completed by applicant:

SET 1. _____

SET 2 _____

SET 3. _____

Part 3. SUMMARY

UPON CERTIFICATION, I AGREE TO ABIDE BY THE NCBDC REQUIREMENTS, BY LAWS AND CODE OF ETHICS, AND HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE, I DO FURTHER AGREE THAT SHOULD MY CERTIFICATION BE TERMINATED FOR ANY REASON, I ACKNOWLEDGE OWNERSHIP OF THE SEAL AND CERTIFICATE BY THE NCBDC AND WILL RETURN THEM WITHIN 30 DAYS OF TERMINATION.

(Applicant signature)