



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Architectural Examiners
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Emeritus Architect Application

PERSONAL INFORMATION

Full Name: _____

Registration No.: _____ Email: _____

Telephone No.: _____ Fax: _____

Mailing Address: _____

INSTRUCTIONS

1. Complete the Certification Statement by signing and dating below.
2. Mail this form to:

SC Board of Architectural Examiners
PO Box 11419
Columbia, SC 29211-1419

OR Email to:

Contact.Arch@llr.sc.gov

CERTIFICATION STATEMENT

EMERITUS ARCHITECT: I certify I am 65 years old or older, have been licensed as an architect for ten (10) consecutive years and am retired from active practice as an architect in South Carolina. As an Emeritus Architect, I understand that I may not provide **ANY** architectural services at all in South Carolina.

Original Signature

Date