



# CONNECT Application Guide

## California Architects Board

### CSE Application

#### SCREEN

California Architects Board

rofile | Sign Out

Connect Support

Link License

**Licenses**

License Type	License#	Issuance Date	Expiration Date
No records found.			

« < > »

**Applications**

New Application

Application Type	License Type	Application#	Submitted Date	Business Name	Status	Action
No applications found.						

Showing 0 to 0 of 0 entries « < > » 10 ▾

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**Links & Resources**

Name
California Architects Board

**Notifications**

Q Search Keyword

Subject	Date Sent
No records found.	

« < > »

#### ACTION

1. Locate CAB User Dashboard
2. Click the **'New Application'** button on the top right of the Application's pane

**Applications**

New Application

Application Type	License Type	Application#	Submitted Date	Business Name	Status	Action
No applications found.						

Showing 0 to 0 of 0 entries « < > » 10 ▾



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#### Application Type Selection

To start a new application, please select one from the list below.

Application

- Application For California Supplemental Examination
- Application For Eligibility Evaluation
- Application For California Supplemental Examination**
- Application For Licensure

#### Application Type Selection

To start a new application, please select one from the list below.

Application

Application For California Supplemental Examination

**Create Application** Cancel

3. Select the type of application that you wish to complete—in this case the **Application for California Supplemental Examination**.
4. With the CSE application selected, click the green '**Create Application**' button.



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Application for California Supplemental Examination

Instructions and Disclosures

Instructions

Fee: \$100 (nonrefundable) must be paid using a valid debit/credit card. If submitting an application by mail please include a check or money order made payable to the California Architects Board and mail to the address below:  
CALIFORNIA ARCHITECTS BOARD  
2420 Del Paso Road, Suite 105, Sacramento, CA 95834

Save & Continue Save & Exit

5. Here is what the online CSE Application for CAB looks like.
6. Review Instructions and Disclosure and click '**Save & Continue.**'



## CONNECT Application Guide

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Instructions and Disclosures

Personal Information

Disciplinary and Conviction Questions

Reasonable Accommodations

Attestation

Fee and Payment

#### Application for California Supplemental Examination

#### Personal Information

SSN/ITIN: \*

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Business and Professions Code (BPC) sections 30 and 5550.5 and Public Law 94-455 (42 USC 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

First Name: *	Middle Name:	Last Name: *	Suffix:
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Smith"/>	<input type="text"/>

Other Known Name(s):	DOB (Date of Birth): *	Sex:
<input type="text"/>	<input type="text" value="05/01/1990"/>	<div><input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Nonbinary</div>

Address of Record (AOR): *	Country: *	State: *	City: *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of Record AOR Line 2:	Zip: *
<input type="text"/>	<input type="text"/>

Email Address: \*

Daytime Phone:	Evening Phone:
<input type="text" value="(530)"/>	<input type="text"/>

Save & Continue

Save & Exit

7. Complete all fields and click the green **'Save & Continue'** button.

\*Note: All required fields have a red asterisk.



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Application for California Supplemental Examination	
<div>Instructions and Disclosures ✓</div> <div>Personal Information ✓</div> <div>Disciplinary and Conviction Questions ✓</div> <div>Reasonable Accommodations ✕</div> <div>Attestation ✕</div> <div>Fee and Payment ✕</div>	<div>Disciplinary and Conviction Questions</div> <p>Have you ever had a registration denied, suspended, revoked, or otherwise been disciplined by a public agency in any state or country? If YES, please explain the details in the space provided. *</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <div><div>Save &amp; Continue</div><div>Save &amp; Exit</div></div>

8. Complete all questions. If you answer YES, please explain the details in the space provided, and click the green **'Save & Continue'** button.



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<div>Instructions and Disclosures <input checked="" type="checkbox"/></div> <div>Personal Information <input checked="" type="checkbox"/></div> <div>Disciplinary and Conviction Questions <input checked="" type="checkbox"/></div> <div>Reasonable Accommodations <input checked="" type="checkbox"/></div> <div>Attestation <input checked="" type="checkbox"/></div> <div>Fee and Payment <input checked="" type="checkbox"/></div>	<h3>Application for California Supplemental Examination</h3> <h4>Reasonable Accommodations</h4> <div>Instructions</div> <p>The Board recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable, appropriate, and effective testing accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the Board will not fundamentally alter the measurement of the skills or knowledge the examination is intended to test.</p> <p>A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system). Mental impairment includes any mental or psychological disorder, such as organic brain syndrome, emotional or mental illness, and specific learning disabilities.</p> <p>For more information and the Reasonable Accommodation Request Form please visit Reasonable Testing Accommodations on our website.</p> <p><a href="https://www.cab.ca.gov/candidates/reasonable_testing_accommodations.shtml">https://www.cab.ca.gov/candidates/reasonable_testing_accommodations.shtml</a></p> <div><input checked="" type="button" value="Save &amp; Continue"/> <input type="button" value="Save &amp; Exit"/></div>	<p>9. Read the instructions, provide explanation, and click the green <b>'Save &amp; Continue'</b> button.</p>
<div>Instructions and Disclosures <input checked="" type="checkbox"/></div> <div>Personal Information <input checked="" type="checkbox"/></div> <div>Disciplinary and Conviction Questions <input checked="" type="checkbox"/></div> <div>Reasonable Accommodations <input checked="" type="checkbox"/></div> <div>Attestation <input checked="" type="checkbox"/></div> <div>Fee and Payment <input checked="" type="checkbox"/></div>	<h3>Application for California Supplemental Examination</h3> <h4>Attestation</h4> <div>Instructions</div> <p><input type="checkbox"/> I declare under penalty of perjury under the laws of the State of California that the information on this Application for California Supplemental Examination are true, correct, and contain no material omissions of fact to the best of my knowledge and belief.</p> <p>I acknowledge receipt of the complete provisions of Business and Professions Code 123, 123.5, and 496 and that I am not allowed to discuss the California Supplemental Examination content with anyone other than Board staff. *</p> <p>Date * <input type="text" value="03/01/2023"/> Signature * <input type="text"/></p> <div><input checked="" type="button" value="Save &amp; Continue"/> <input type="button" value="Save &amp; Exit"/></div>	<p>10. Check the box that you are certifying all information contained in the application is true and correct.</p> <p>11. Type your name and click the green <b>'Save &amp; Continue'</b> button.</p>



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Application for California Supplemental Examination		
<div><div>Instructions and Disclosures ✓</div><div>Personal Information ✓</div><div>Disciplinary and Conviction Questions ✓</div><div>Reasonable Accommodations ✓</div><div>Attestation ✓</div><div>Fee and Payment ✕</div></div>	<div><div>Fee and Payment</div><div><div>Payment Method: * Select A Method Credit/Debit Card</div><div>Oral Exam - Architects \$ 100</div><div>Service Fee: 2.30%</div><div>Total Fees: \$ 102.30</div></div><div>Pay and Submit</div></div>	12. Select payment method.
<div><div><div>Order Information</div><div>Total Fees 317.13</div></div><div><div>Payment Information</div><div><div><div>VISA MasterCard DISCOVER</div><div>Card Number: * CVV: * Expiration Date: * Month: * M... Year: * Y...</div><div>First Name: * Last Name: * Street 1: * Street 2: * Country: * UNITED STATES State/Province: * City * Zip/Postal Code: *</div></div></div></div></div>	<div><div><div>Billing Information</div><div>Required Fields *</div><div><input type="checkbox"/> Copy Details From Address of Record</div></div></div>	<div>13. Order information will populate.</div> <div>14. Complete all payment information and click the blue <b>'Pay and Submit'</b> button.</div> <div><p>*Note: You can select <b>'Copy Details From Address of Record'</b> which will populate the fields in the Billing Information based on information within the application, however; any of these fields may be updated as needed.</p></div>