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Application Type Selection To start a new application, plea Application	see select one from the list below. Application For Licensure Create Application Cancel	4.	With the Application For Licensure selected, click the green 'Create Application' button.



Instructions	3		Applicatio	on fo	or Licensure				
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Personal Information	3	Complete this form and return it by mail along with a check or money order made payable to the California Architects CAB looks like.							
Disciplinary and Conviction Questions	3	Board and mail to the address below. Visit our website at www.cab.ca.gov to access the Initial Licensure Fee Calculator to determine the correct fee amount to include. DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA ARCHITECTS BOARD					6.	Review Instructions and Disclosures and	
Fingerprintin	3	2420 Del Paso Road, Sur	te 105, Sacramento, CA 95834						click 'Save & Continue.
Attestation	3	Save & Next							
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Instructions and Disclosures Personal Information Disciplinary and Conviction Questions Attestation Fee and Payment	Piccplinary and Convictor Questions May you ever had a registration denied, suspended, revoked, or otherwise been disciplined by a public agency in any state or country? No No No No No	8.	Answer the question. If you answer YES to the question, upload any supporting documentation, and click the green 'Save & Continue' button.
Questions Fingerprinting Attestation	Image: Control to Contro	9.	Answer the question about Fingerprinting. If you answer NO to the question, answer the additional question, and click the green 'Save & Continue' button.



Instructions and Disclosures Image: Construction of the second secon	Application for Licensure s of the State of California that the information on this Application for Licensure are true, correct, and contain no material belief.* Signature *	 10. Check the box that you are certifying all information contained in the application is true and correct. 11. Type your name and click the green 'Save & Continue' button.
Card Number: * CVV: * Expiration Month: * M ✓ Year: * Y ✓	Billing Information Required Fields * Copy Details From Address of Record t Name: * Last Name: * Street 1: * Street 2: Country: * UNITED STATES X ~ rovince: * City * al Code: *	 12. Order information will populate. 13. Complete all payment information and click the blue 'Pay and Submit' button. *Note: You can select 'Copy Details From Address of Record' 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.