Clear Form

CERTIFICATION* DESIGNATION OF RESPONSIBLE MEMBER (ARCHITECT)

	I,	HEREBY CERTIFY UNDER PENALTY OF PERJURY AS
FOLLOWS:		
1.	I AM THE RESPONSIBLE MEMBER FOR:	
2.	I HOLD A CURRENT MARYLAND ARCHITECT'S LICENSE NO.	
	WHICH EXPIRES ON	
3.	MY AFFILIATION WITH THE ENTITY NOTED ABOVE IS:	
	OWNER OFFICE	
4. I AM IN CHARGE OF ARCHITECTURE PRACTICED BY THE ENTITY LISTED ABOVE.		
5. I AM A DIRECTOR OR OFFICER OF A CORPORATION, A MEMBER OF A LIMITED LIABILITY COMPANY, OF A GENERAL PARTNER OR A PARTNERSHIP; AND A LICENSED ARCHITECT.		
6. I CERTIFY THAT I HAVE CAREFULLY READ THE LAW AND REGULATIONS SET FORTH IN TITLE 3 BUSINESS OCCUPATIONS AND PROFESSIONS ARTICLE, ANNOTATED CODE OF MARYLAND, AND THE CODE OF MARYLAND REGULATIONS, TITLE 09, SUBTITLE 21. I FURTHER AFFIRM THAT I UNDERSTAND AND ACCEPT MY RESPONSIBILITIES UNDER SUCH LAWS AND REGULATIONS.		
WITN	ESS SIGNATURE	SIGNATURE RESPONSIBLE MEMBER
PRINT	TED NAME	PRINTED NAME

DATE:_____ DATE:____

SEND FORM TO: dloplboardofarchitects-dllr@maryland.gov or 100 S. Charles Street, Tower 1, Baltimore, MD 21201

* Form should be opened in Acrobat Reader to access the required fields. To download acrobat reader go to https://get.adobe.com/reader/