

2023 ASSOC. AIA MEMBER DUES WAIVER FOR LICENSURE CANDIDATES

Associate members in good standing, assigned to AIA Rhode Island who are licensure candidates may request a local dues waiver (\$50.00) by completing this form, and emailing it to the chapter's Executive Director: info@aia-ri.org.

| Name: | | |
|--------------------|------|------|
| AIA Member Number: | | |
| Email: | | |

PART #1: AXP® (ARCHITECTURAL EXPERIENCE PROGRAM®) STATUS:

Estimate your percentage of completeness for each of the 6 program areas:

| Practice Management | Project Management | Programming & Analysis | Project Planning & Design | Project Development & Documentation | Construction Evaluation |
|------------------------|-----------------------|---------------------------|---------------------------|-------------------------------------|----------------------------|
| 0/0 | 0/0 | 0/0 | % | 0/0 | % |

PART #2: ARE® (ARCHITECT REGISTRATION EXAMINATION®) STATUS:

Indicate which of the 6 divisions you have passed:

| Practice Management | Project Management | Programming & Analysis | Project Planning & Design | Project Development & Documentation | Construction Evaluation |
|------------------------|-----------------------|---------------------------|---------------------------|-------------------------------------|----------------------------|
| Yes | Yes | Yes | Yes | Yes | Yes |
| Not Yet | Not Yet | Not Yet | Not Yet | Not Yet | Not Yet |

PART #3: LICENSURE CANDIDATE RENEWAL STATUS:

Attach a PDF copy of your receipt from NCARB confirming you are a licensure candidate. (See attached example).

How to download your receipt:

- NCARB website (ncarb.org): "Login"
- NCARB Record "Go"
- "Payments" Tab
- Click "Receipt" hyperlink for most recent "Licensure Candidate Renewal" transaction

INTERNAL USE ONLY



AIA Rhode Island PO Box 9325 Providence, RI 02940 (401) 272 6418 info@aia-ri.org www.aia-ri.org

| Assigned Level | AS-NEW | AS-RI | AS | |
|-------------------|--------|-------|----------|----------|
| | AS- | AS- | AS-NEW- | AS-NEW- |
| | NEWG | 2NEWG | GRADEXP1 | GRADEXP2 |

| RIXX AS-LC | YES | NO |
|------------|-----|----|
|------------|-----|----|



PAYMENT PROCESSED

5/2/2019 10:32:04 AM

Reference Number:



Payment Processed

Bill to:



Order details:

Recipient:

Record Number:

Reference Number:

Placed on 5/2/2019 10:32:04 AM

| Item | | Amount | Expires |
|-----------------------------|-------------|---------|-----------|
| Licensure Candidate Renewal | | \$85.00 | 5/31/2020 |
| | Order Total | \$85.00 | |

Payment

Visa (

Thank you for your payment. If you have any questions about your order, please contact customer service.

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