



APPLICATION FOR INACTIVE INTERIOR DESIGN STATUS

By filing this application, you are requesting of the State Board of Examiners of Interior Designers that you be considered for inactive status. You must continue to notify the Board of your current address while you are on inactive status. You are also required to show that you have kept up your continuing education requirements of five contact hours per year. You may stay on inactive status for up to four years. During that specified period of time your licensing fee will be suspended. Upon reactivation, a restoration fee and a renewal fee for the current year will be due. If you have not sought to be placed on active status at the conclusion of the fourth year, your license will lapse. After that date, you will have to apply for a license as an interior designer based on all rules and regulations at that time including successful passage of the NCIDQ exam.

While your license is on inactive status, you may not use the terms “interior designer” or “interior design” within the state of Louisiana. Further, the Interior Design Practice Act prohibits those who do not have a current Interior Design license issued by our Board from practicing interior design in the State of Louisiana. If you are doing work which involves the following: life safety, the Americans with Disabilities Act, fire or building codes or any other regulatory code or ordinance, you must have an active license issued by this Board. Almost all work done in a commercial or industrial setting will require the holding of an active Interior Design license. Please complete and mail this application to the board’s office so that the board can consider your request at their next scheduled meeting.

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|----------------|--------|-------------------|----------------|------------------|--|
| Last Name | | First Name | | Middle or Maiden | |
| License Number | | Date Last Renewed | | Date of Request | |
| Home Address | | | Work Address | | |
| City/State/Zip | | | City/State/Zip | | |
| Home Phone | Mobile | | | Email Address | |

REASON FOR REQUEST

SIGNATURE

DATE