

**2012 APPLICATION  
FOR RE-EXAMINATION  
AS A LANDSCAPE ARCHITECT IN THE STATE OF IOWA**

Iowa Landscape Architectural Examining Board  
1920 S.E. Hulsizer Road  
Ankeny, Iowa 50021

515-281-7393

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APPLICANT: \_\_\_\_\_  
Last First Middle Initial

Home address: \_\_\_\_\_ Business \_\_\_\_\_  
Street Firm Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred mailing address:  Home  Business

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**All Applicants Must Answer the Following Questions**

\_\_Yes \_\_No Have you taken the Landscape Architect Registration Examination? If you passed, list the state and certificate number if applicable. State \_\_\_\_\_ Number \_\_\_\_\_

\_\_Yes \_\_No Are you licensed in any other states? If yes, please attach a list including name of state, license/registration number, year licensed, how licensed (i.e., by written or oral examination, record only, "grandfather clause, reciprocity, etc.), and whether the license is active or lapsed.

\_\_Yes \_\_No Have you ever been convicted of a felony? If yes, attach a complete explanation.

\_\_Yes \_\_No Have you ever been disciplined by a board of examiners in any jurisdiction? If yes, attach a complete explanation.

\_\_Yes \_\_No Have you ever voluntarily surrendered a license/registration to avoid disciplinary action. If yes, attach a complete explanation.

\_\_Yes \_\_No Have you previously submitted any type of application to this board? If yes, state type and year.  
Application type \_\_\_\_\_ Date \_\_\_\_\_

**MUST BE RECEIVED BY DEADLINES:  
March 31 for June exam**

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**APPLICATION VALID FOR 2012 ONLY**

**Examination fee schedule:**

**June 2012**

_____ Re-Exam Filing Fee	<b>\$ 35.00+</b>
_____ Section C - Planning and Site Design ( <b>graphic</b> )	\$288.00
_____ Section E - Storm Water Management ( <b>graphic</b> )	\$288.00

**TOTAL** \$ \_\_\_\_\_

**WRITTEN SECTIONS OF THE L.A.R.E. ARE OFFERED VIA COMPUTER THROUGH CLARB.  
TO APPLY CONTACT CLARB AT <http://www.clarb.org>**

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I, the undersigned hereby apply for examination as a Professional Landscape Architect in accordance with the terms of Chapter 544B, Code of Iowa and certify that all of the statements and answers contained in this application are true and correct to the best of my knowledge and belief. I submit these statements with full knowledge that any Fraud or Deceit is grounds for refusal or subsequent revocation of registration.

State of \_\_\_\_\_

County of \_\_\_\_\_

Applicant's Signature \_\_\_\_\_  
(IN BLUE INK)

Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_  
(IN BLUE INK)

My Commission Expires \_\_\_\_\_.

**\*\*\*\* NOTICE \*\*\*\***

**\*THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD\***

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**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1) (2007), and Iowa Code § 272D.8(1) (Supp. 2008). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18 (2007).

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**METHOD OF PAYMENT**

- Payment enclosed, check or money order, payable to **State of Iowa** \$ \_\_\_\_\_
- Charge: \$ \_\_\_\_\_  VISA  MasterCard  Discover
- (these are the only cards accepted)

Credit card number: \_\_\_\_\_ expiration date: \_\_\_\_/\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_

Name on Card (please print) Signature