LICENSE REINSTATEMENT APPLICATION

IOWA LANDSCAPE ARCHITECUTRAL EXAMINING BOARD **1920 SE Hulsizer Rd. Ankeny, IA 50021-3941** **Telephone 515/281-7393** **www.state.ia.us/lsarch**	FOR OFFICE USE ONLY License # Continuing Education Fee
Licensee Name: ***Home Address:*** ☐ Preferred mailing	*Licensee Name:* ***Business Name:*** Address: ☐ Preferred mailing
	Phone:
Email:	***Email:***

Since your last registration/renewal have you

☐ Yes ☐ No Been convicted of a felony.

☐ Yes ☐ No Been declared by the court of competent jurisdiction to have committed a fraud?

☐ Yes ☐ No Been subject to disciplinary action by any state board or similar licensing body, a government agency before which you practiced, or any professional organization of which you were a member?

If you answered "Yes" to any of these questions please attach a complete explanation.

CERTIFICATION

I attest to the following: This application is true and correct. I understand for reinstatement of my lapsed license to return to an active status, I must provide proof of attendance, verification of hours claimed, and information about the course content for all continuing education hours claimed on this form.

X_____/_____/____
Signature Date

METHOD OF PAYMENT

($350 + $25 for each month or portion of a month of expiration)

☐ CHECK OR MONEY ORDER ENCLOSED FOR $ _____

☐ CREDIT CARD PAYMENT $ _____ Charge to: ☐ VISA ☐ MASTER CARD ☐ DISCOVER

(ONLY CARDS ACCEPTED)

CARD NUMBER ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

EXP. DATE (_____/_____)

X _____ X _____

NAME ON CARD (PLEASE TYPE OR PRINT) SIGNATURE

DAY TIME PHONE (_____) _____

CONTINUING EDUCATION REPORT PERIOD: Must be within the previous two years.
ATTACH PHOTOCOPIES OF evidence of attendance in accordance with 193D—2.9 & 3.3

PUBLIC PROTECTION (HEALTH, SAFETY, WELFARE) SUBJECTS **PROGRAM TITLE (description)**	**DATE**	**SPONSOR**	**CONTACT HRS**
		PUBLIC PROTECTION TOTAL **(24 hours + 12 hours for each year or portion of a year of expiration)**	

***If you need additional space, please copy this page**