

# Application for Licensure

Iowa Landscape Architectural Examining Board  
1920 S.E. Hulsizer Road  
Ankeny, IA 50021  
515-281-7393  
[www.state.ia.us/larch](http://www.state.ia.us/larch)

- Exemption (already licensed in another state).....\$300 to the June 30 that is at least 12 months from the date of this application  
\*(If in accordance with 193D—2.6(544B,17A) complete only sections 1, 2, 6, 7 & 8)
- Successful Examinee License Fee.....\$15/month to the immediately following June 30  
\*(complete all sections of application)

## 1. GENERAL INFORMATION

Name as you want it to appear on certificate: (type or print)

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Preferred mailing address: Home\_\_\_\_ Business\_\_\_\_

## 2. 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.



<b>DATE</b> MO/YR to MO/YR	<b>ASSIGNMENT OR ENGAGEMENT</b> Describe work briefly, degree of responsibility and location of work assignment	<b>POSITION/  JOB TITLE</b>	<b>NAME &amp; ADDRESS OF  EMPLOYER</b>
			NAME/TITLE OF <b>SUPERVISOR</b>
			Licensed Professional Landscape Architect number _____ in the state of _____.
<b>DATE</b> MO/YR to MO/YR	<b>ASSIGNMENT OR ENGAGEMENT</b> Describe work briefly, degree of responsibility and location of work assignment	<b>POSITION/  JOB TITLE</b>	<b>NAME &amp; ADDRESS OF  EMPLOYER</b>
			NAME/TITLE OF <b>SUPERVISOR</b>
			Licensed Professional Landscape Architect number _____ in the state of _____.
<b>DATE</b> MO/YR to MO/YR	<b>ASSIGNMENT OR ENGAGEMENT</b> Describe work briefly, degree of responsibility and location of work assignment	<b>POSITION/  JOB TITLE</b>	<b>NAME &amp; ADDRESS OF  EMPLOYER</b>
			NAME/TITLE OF <b>SUPERVISOR</b>
			Licensed Professional Landscape Architect number _____ in the state of _____.

## 5. DOCUMENTARY EVIDENCE

Each applicant for **initial** registration shall submit, with the application, authentic proof of the statements made therein, by attaching documentary evidence to show the board that the applicant is clearly eligible under 544B, Code of Iowa. Evidence submitted shall be exemplary of the total length of time and level of responsibility for the experience cited. **Each submission shall provide a narrative** that includes the name, dates, and location of the project, the level of responsibility assumed by the applicant and a complete description of the work completed by the applicant. Evidence should be indicative of well-rounded experience and should include as many elements of the "practice of landscape architecture" as possible as defined in IAC 193D—subrule 2.2(1). Five **different** examples are required. All documents submitted **shall** be 8 ½ X 11 and must contain the documentary evidence cover sheet.

## 6. AFFIDAVIT

I, the undersigned hereby apply for licensure 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 \_\_\_\_\_ Date: \_\_\_\_\_  
(IN BLUE INK)

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

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

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

## 7. CHECK LIST

For applicants applying by licensure by exam: Have you:

- \_\_\_ included transcripts and evidence of experience?
- \_\_\_ if taken the exam in another state, included verification of exam scores?

Applicants apply for licensure by exemption:

For applicants without a CLARB record: Have you:

- \_\_\_ requested verification of registration / licensure from original licensing state including exam scores?

For applicants with a CLARB record: Have you:

- \_\_\_ contacted CLARB to send record to licensing board?

For all applicants: Have you:

- \_\_\_ included application fee?
- \_\_\_ submitted **original** application
- \_\_\_ notarized your signature in section 6?
- \_\_\_ completed confidential information in section 8?
- \_\_\_ submitted a completed application?

**8. CONFIDENTIAL INFORMATION**

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

**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. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**METHOD OF PAYMENT**

- Check or money order enclosed for full payment \$ \_\_\_\_\_
- Credit card payment \$ \_\_\_\_\_     VISA     MasterCard     Discover

**(these are the only cards accepted)**

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

Daytime telephone: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Name of Cardholder (please print)                      Signature

**5. DOCUMENTARY EVIDENCE COVER SHEET**

**Please attach one of these cover sheets to each of the FIVE DIFFERENT samples of your work you are submitting for consideration.**

APPLICANT NAME:

NAME OF PROJECT:

DATE OF PROJECT:

RESPONSIBILITY IN PROJECT (Please provide a complete description of work completed and level of responsibility assumed.