



GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
237 Coliseum Drive, Macon, Georgia 31217, Phone (404) 424-9966
<https://sos.ga.gov/georgia-state-board-landscape-architects>

APPLICATION FOR LANDSCAPE ARCHITECT

Qualifications of applicants:

- 1) Be at least 18 years of age.
- 2) Hold a Bachelor of Landscape Architecture degree or a Bachelor of Science degree in Landscape Architecture from a college or school of landscape architecture, environmental design, or its equivalent that has been approved by the Board.
- 3) Applicants must:
 - I. Have at least 18 months of training in the actual practice of landscape architecture as may be approved by the Board, provided that at least one year of such actual practice shall be after receiving such undergraduate degree. Meet the requirements specified in board rule 310-2-.01; or
 - II. Have earned a postgraduate degree in landscape architecture from a college or school of landscape architecture or environmental design approved by the Board.

Reciprocity: The board may certify an applicant for registration without examination if such applicant is legally registered as a landscape architect in any state, country, or political entity whose requirements for registration are substantially equivalent to the requirements provided in this chapter and which state, country, or political entity extends the same privilege of reciprocity to landscape architects registered in this state. Such application shall be accompanied by the same licensing fee as required of other landscape architects, provided that such fee shall be returned if the license is not granted.

Please read the instructions carefully and be familiar with the law and rules governing the practice of a Landscape Architect in the State of Georgia.

The following items must be completed and submitted to the Board office by the applicant. Please check off each item as it is completed. This checklist will help you file a complete application.

Initial Registration by Examination and Reciprocity:

	All items on application must be completed; application signed and notarized. All items on the application should be typed or printed.
	Fee enclosed: Do not send cash. Make check or money order payable to the Georgia State Board of Landscape Architects. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20, and the application will be considered incomplete.
	Official college transcript showing degree, date awarded, and bearing the seal of the college or university must be submitted by the applicant with this application.
	Consent Form must be signed giving the Board office permission to conduct a background investigation.
	An Employment Verification form for each employer listed for qualifying experience must be completed, signed by the applicant, the supervisor, and submitted to the Board office by the applicant with this application.

Initial Registration by Examination:

	Prior to completing this application, you must have completed all sections of the Landscape Architect Registration Examination (L.A.R.E.).
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Registration by Reciprocity:

	Reciprocity Applicants must complete the Transfer of Grades form and send it to the state board of original certification for verification of applicant's license status. State Board of original certification must complete form and return to applicant to be included with application to the Georgia Board office.
	Reciprocity Applicants must complete the Applicant Employment Information form and submit to Board office with application.

Note:

- Each applicant is required to take the GA Component examination for the Landscape Architect Registration. Prior approval by the Board is required to sit for the GA component.
- A CLARB Council Record may be submitted in lieu of college transcript, employment verifications, and license verifications.
- Application must be returned in a 9 X 12 envelope, unstapled and not folded.
- Visit the following website to read the laws and rules and frequently asked questions:
<https://sos.ga.gov/georgia-state-board-landscape-architects>



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Select one option below: <input type="checkbox"/> Landscape Architect by examination: \$25.00 Application fee + \$10.00 processing fee (Total \$35.00) Note: \$80.00 registration fee will be due after all requirements have been met for issuance of the license. Notice from the board requesting this fee will be sent by email. Do not send registration fee with the application. <input type="checkbox"/> Landscape Architect by reciprocity: \$25.00 Application fee + \$80.00 registration fee + \$10.00 processing fee (Total \$115.00) Registration fee shall be returned if the license is not granted.	For Board Use Only Fee Paid _____ Date _____ Receipt # _____ Applicant # _____
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- 1. Full Name** as desired on license _____
First Middle Last
- 2. Social Security Number** * _____
* This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001
- 3. Date of Birth** _____
- 4. Physical Address** _____
Number and Street (P. O. Box not acceptable) City State Zip Code
- 5. Mailing Address** _____
(if different) Street/P. O. Box City State Zip Code
- 6. Telephone Number Day** _____ **Telephone Number Evening** _____
- 7. E-Mail Address** _____

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.



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EDUCATION

COLLEGE/UNIVERSITY/TECHNICAL SCHOOL/OTHER	MAJOR COURSE	DATES ATTENDED	DATE GRADUATED	DEGREE AWARDED

EMPLOYMENT

Give full information concerning periods of employment which have contributed to your experience in the practice of landscape architecture. Start with your present position and work back, clearly explaining your exact duties and other details required. One employment verification form for each employer must be submitted.

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	JOB DESCRIPTION & SUPERVISOR



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APPLICANT HISTORY

1. Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency in Georgia or any other state? () YES () NO If YES, attach certified copy of order.
2. Were you ever denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license by any board or agency in Georgia or any state? () YES () NO If YES, attach certified copy of order.
3. Have you ever been convicted of a felony or misdemeanor (other than traffic violation) or entered a plea of guilty, nolo contendere, or a plea under the "First Offender Act"? DUI and DWI are not minor traffic offenses.
() YES () NO If YES, attach certified copy of conviction or plea.
4. Have you passed all parts of the L.A.R.E.? () YES () NO
5. Have you requested CLARB submit your exam results to the GA Board? () YES () NO
6. Have you ever held a Landscape Architect Registration in other states () YES () NO If YES, complete a through f.
 - a) State which issued original license _____
 - b) Date license issued _____
 - c) License Number _____
 - d) Was license issued based on passage of the L.A.R.E. examination? () YES () NO If NO, which examination

 - e) Is license current? () YES () NO
 - f) Other states where you are licensed _____



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AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Landscape Architects, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 6 and 7 of the application.**

- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____,

PRINT NAME

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: _____

 DATE



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Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N 560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N 550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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EMPLOYMENT VERIFICATION (page 1 of 2)

1. Name _____

2. Address _____
Street City State Zip

Home Phone _____ Business Phone _____

3. Firm Name _____

Address _____
Street City State Zip

4. Immediate Supervisor _____ Title _____

5. Landscape Architect License # _____ State _____

6. Job Title of Applicant _____

7. Full description of the kind of work performed. If more space is needed, include additional pages, and **have each page signed by supervisor.**

8. Principal Business of Firm _____

9. Total Years Worked _____ Average Hours Worked Per Week _____ Full Time _____ Part Time _____

10. Dates of Employment: From _____ To _____
MONTH DAY YEAR MONTH DAY YE



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EMPLOYMENT VERIFICATION (page 2 of 2)

I hereby solemnly swear under penalties of perjury that all the statements made by me (and the pages attached) are true and correct.

Signature of Applicant

Date

(Must be signed and dated by the applicant prior to review by the supervisor)

I hereby certify that the information furnished by the Applicant in the certification above is accurate.

Name of Supervisor (PLEASE PRINT)

Signature of Supervisor as Identified in Item #4

Date

Affix Professional Seal of Supervisor As Indicated In Item #4

**PROFESSIONAL
SEAL**

(Notary must witness Supervisor's signature)

Sworn to and subscribed before me this _____ day of

_____, _____

NOTARY PUBLIC

My Commission Expires _____

Notary Seal

IF SUPERVISOR WISHES TO MAKE ADDITIONAL COMMENTS REGARDING THE APPLICANT'S WORK PERFORMANCE, THESE SHOULD BE MAILED UNDER SEPARATE LETTER AND SENT DIRECTLY TO THE BOARD OFFICE.



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APPLICANT EMPLOYMENT INFORMATION (page 1 of 2)

***THIS COMPLETED AND SIGNED SUPPLEMENTAL INFORMATION FORM
MUST ACCOMPANY ALL APPLICATIONS FOR RECIPROCAL REGISTRATION***

1. Firm Name _____

Address (principal place of business) _____

Telephone Number _____

Georgia Address (if different from above) _____

Telephone Number (if different from above) _____

2. Applicant's Name _____

Georgia Registration Number _____ CLARB Certificate Number _____

Base State Registration Number _____ State _____

3. Does the employer offer landscape architectural services in Georgia? ()YES ()NO

If so, what type of landscape architectural services does the employer offer?



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APPLICANT EMPLOYMENT INFORMATION (page 2 of 2)

4. Is the applicant self-employed or employed by a business entity?

If employed by a business entity, what is the applicant's position? (Check all appropriate categories)

- Individual Owner Partner Stockholder Officer
 Director Associate Employee Consultant Retired

5. If the applicant is employed by a business entity, is the applicant in responsible charge of the landscape architectural work in Georgia for the business entity? YES NO

If NO, who is?

<u>NAME</u>	<u>TITLE</u>	<u>GEORGIA REGISTRATION #</u>
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6. The undersigned certifies that the above information is correct.

Date _____

Signature _____

PLEASE NOTE: Should any changes occur on the Applicant Employment Information, you are required to update the information on file with:

GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
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To be mailed by applicant to the State Board issuing original certificate where he/she sat for previous examinations.

Concerning Reciprocity or Transfer of Grades

To _____ State Board of Landscape Architects, I am applying to the Georgia State Board of Landscape Architects for:

- () Permission to sit for examination based on partial passage of written examination as a candidate of your state.
- () Licensure by Reciprocity
- () Licensure by Transfer of Passing Grades

This is my authorization for the _____ Board to furnish the Georgia Board all the information requested below. Upon completion of the certification form, please forward to the applicant in a sealed envelope. Applicant must submit to the Georgia Board office with application.

 Name of Applicant (type or print)

 Signature of Applicant

 Date

Mailing Address of Applicant:

Certification of _____ State Board of Landscape Architects

1) Our records indicate that the person named above was issued a Landscape Architect License:

 License Number

 Original Date of Issuance

 Current Expiration Date

2) Was found to be qualified for registration based on:

- | | |
|---|---|
| <input type="checkbox"/> Written Examination (Please give scope and grades) | <input type="checkbox"/> Oral Examination |
| <input type="checkbox"/> Passed CLARB Examination | <input type="checkbox"/> Reciprocity |
| <input type="checkbox"/> Education and Experience | |
| <input type="checkbox"/> Grandfather Clause in Law | |

3) Has applicant ever been warned, reprimanded, or had a license suspended or revoked? () YES () NO

4) Does applicant's file contain any information, which may be a discredit? () YES () NO

BOARD SEAL

 Signature

 Title

 Date



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ Agency/Company _____ to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____