

UNIFORM APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION

JURISDICTION TO WHICH YOU ARE APPLYING: _____

DATE: _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

SUFFIX: _____

If you have a legal name change, please attach a notarized document attesting to this fact.

PREFERRED NAME FOR REGISTRATION DOCUMENTS: _____

SOCIAL SECURITY NUMBER: _____

The following statement is made pursuant to the Privacy Act of 1974§7(B). Disclosure of your Social Security Number is mandatory. Solicitation of you Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. § 175 as authorized by the Tax Reform Act of 1975 (42U.S.C. §495(C)(2)(C)(1). Your Social Security Number will be used by the Department of Taxes and the Department of Employment and Training in the administration of tax laws to identify individuals affected by such laws, and by the Office of Child Support.

CLARB CERTIFICATE NO: _____

CORRESPONDENCE: Preferred Address for Correspondence: ___ Business ___ Residence

Daytime Phone: _____

Fax: _____

Email: _____

BUSINESS ADDRESS: Firm Name: _____

Address: _____

City & State: _____

Zip: _____ Country: _____

RESIDENCE ADDRESS: Address: _____

City & State: _____

Zip: _____ Country: _____

CITIZENSHIP: U.S. Citizenship: Birth _____ Naturalized _____
Other Citizenship: _____

BIRTHDATE: Birthdate: _____
Place of Birth: _____
Gender: Male: _____ Female: _____

REGISTRATION HISTORY:

Have you been previously registered in the jurisdiction to which you are now applying? ____ yes ____ no

Jurisdiction of original landscape architectural registration: _____

Is registration currently in good standing? ____yes ____ no
(If no, explain on a supplemental sheet)

Other registrations: (please use a separate sheet if necessary)

Jurisdiction: _____ Registration No.: _____

Date Acquired: _____ Expiration Date: _____

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Date Acquired: _____ Expiration Date: _____

Jurisdiction: _____ Registration No.: _____

Date Acquired: _____ Expiration Date: _____

Are you active military or the spouse of an active military member?

____ yes ____ no (if yes, supply your military ID Number _____)

AFFIDAVIT AND NOTARIZATION

If any answer to any of the following questions is "yes" please attach a detailed explanatory statement.

1. Have you or any agent of your firm practiced, or solicited landscape architectural work or represented yourself as a landscape architect in this State prior to having been licensed? ___ yes ___ no
2. Have you been disciplined by any occupational licensing board? ___ yes ___ no
3. Are you currently under investigation by any occupational licensing board? ___ yes ___ no
4. Has your registration been denied, suspended or revoked in any jurisdiction? ___ yes ___ no
5. Have you surrendered or allowed a registration to lapse in any jurisdiction due to any action pending or threatened? ___ yes ___ no
6. Have you signed any legal document that settles a dispute or charges against you brought by a registration board or a court of law? ___ yes ___ no
7. Have you been found by a Court or Registration Board to have violated the landscape architectural registration laws or the professional/occupational laws of any jurisdiction? ___ yes ___ no
8. Have you entered into a negotiated settlement with regard to professional or occupational registration laws? ___ yes ___ no
9. Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit or misrepresentation or been convicted of any crime other than minor traffic violation in any jurisdiction? (If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction. ___ yes ___ no
10. Are there any felony/criminal charges now pending against you? ___ yes ___ no

The applicant agrees as follows:

- I will not represent myself as a landscape architect or offer to perform landscape architectural services in this jurisdiction until this application is approved and a landscape architect's license has been granted by this board.
- No agent of my firm will offer to perform or contract to perform landscape architectural services in this jurisdiction until the application process is completed and a landscape architect's license has been granted by this board.
- I have read the Landscape Architectural Act and Rules/Regulations of Board for the jurisdiction in which I am applying and I am qualified to practice landscape architecture in this jurisdiction.
- I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the forgoing statements and that they are made in good faith and are true in every respect.

Signature of Applicant

State of: _____ County of: _____

I, _____, a Notary Public in aforesaid County,

in the State aforesaid, DO HEARBY CERTIFY that

Personally known to me to be the same person whose name is subscribed to the foregoing instrument as his/her free and voluntary act, for the uses and purpose therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS _____ DAY OF _____, _____ (year)

NOTARY PUBLIC:

MY COMISSION EXPIRES:

NOTARIAL SEAL:

Applicant:
Please include a
recognizable photo in this
space.

Photo must be signed and
dated by you.

Approximate photo size
2 ½ x 2 ½

Please mail your application and \$150 application fee to the following address:

ND State Board of Architecture and Landscape Architecture
PO Box 7370
Bismarck, ND 58507