

Registration No.
(Effective Date) 20
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BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS
2777 Zelda Road, Montgomery, AL 36106

APPLICATION FOR REGISTRATION TO PRACTICE LANDSCAPE ARCHITECTURE

I hereby apply for registration in the State of Alabama under the method checked below and on the basis of the lawfully required information shown herein. All information requested on this form must be typewritten or printed in ink. Questions? Refer to the application page of our website – www.abela.alabama.gov

▪ **ACCREDITED DEGREE AND PASS CLARB NATIONAL EXAM**

Must be a graduate of an accredited Landscape Architect curriculum and satisfactorily pass the CLARB National Exam. Must total six years of combined education and experience.

▪ **II. HIGH SCHOOL, PLUS EIGHT YEARS EXPERIENCE AND PASS CLARB NATIONAL EXAM**

Must be high school graduate or have had education equivalent thereto as determined by the Board and, in addition, at least eight (8) years of varied landscape architectural experience under the supervision of a landscape architect registered under this Act or other qualified person or experience approved by the Board. Experience should begin no later than August 1, 2012. Must satisfactorily pass the CLARB National Exam.

▪ **III. RECIPROCITY**

An applicant who holds the license or certification to practice landscape architecture issued to him upon examination by a legally-constituted Board of Examiners of any State or the District of Columbia, or any other territory or possession under the control of the United States; PROVIDED, that such requirements of the State in which the applicant is registered are equivalent to those of this State.

▪ **IV. CLARB CERTIFICATION**

CLARB certificate holders complete SECTION I - PERSONAL DATA - only and have your certificate file transmitted to the Board.

**AFFIX RECOGNIZABLE
 PHOTOGRAPH WITH
 FACE NOT LESS
 THAN (3/4) THREE QUARTERS
 INCH WIDE**

I. PERSONAL DATA

1. Full name (as you wish it to appear on certificate of registration)

(first) (middle) (last)

E-Mail Address:

2. Business

(firm name)

(street or box)

(city) (state) (zip)

3. Phone Number ()

4. Residence

(street and number)

(city) (state) (zip)

5. Phone Number ()

6. Date S S N

(same as affidavit on back)

7. Date and place of birth (Date) (Place)

8. Citizens of (State or Foreign Country)

9. Are you a US Citizen? Yes ___ No ___ If no, provide appropriate documentation from the US Government with your application that you are legally present in the United States.

10. Are you registered as a Registered Landscape Architect elsewhere? Yes No If yes, show the following:
 Name of State or Country Basis* Registration Date Cert. No. Expiration Date

*Indicate examination basis as: W-Written, O-Oral, EE-Education and Experience, R-Reciprocity, GF-Grandfathers. If written, indicate how many hours of examination and date(s) when taken.

11. Do you hold C.L.A.R.B. Certification? Yes No Date Received.....Certification Number.....
 Is it presently active? Yes No Expiration/Renewal Date

12 Are you now a resident of Alabama? Yes No If yes, how many years?.....

13. Names of technical or professional organizations to which you belong with grade of membership.

14. Have you ever been refused a license or had revocation or other disciplinary proceedings filed against you? Yes No

15. Have you ever been convicted of a felony? Yes No If yes, explain

16. Have you ever been adjudged mentally incompetent by a court of competent jurisdiction? Yes No If yes, explain

II. EDUCATION AND EXPERIENCE

1. SUPERVISED EDUCATION

College or University See Note under Experience	Name of Institution	Years Attended		Date of Graduation	Course Completed Degree Conferred
		From	To		

*Enclose copy of Diploma.

2. UNSUPERVISED EDUCATION – Home Study, Correspondence School

* See Note under Experience

III. REFERENCES

List below at least five citizens of the USA, Three three of whom shall be Registered Landscape Architects, not relatives or members of this Board or Council. No more than two references from the same firm.

Name	Complete Address or E--Mail Address	Occupation <small>(Landscape Architects show registration state & No.)</small>	Business Relation to Applicant
1.
2.
3.
4.
5.


INFORMATION FOR APPLICANT

It is unlawful for any Landscape Architect to engage in any work which comes under the provisions of the Act regulating the practice of Registered Landscape Architects unless he holds a Certificate and a current License Renewal Card issued by this Board.

Read carefully all information released by the Board pertaining to registration and determine your ability to qualify.

PLEDGE

I hereby certify that all information disclosed in this form is true, correct and completed to the best of my knowledge; I have familiarized myself with the provisions of Alabama Law, Act 71-2396 and Act 82-345 regulate the practice of Landscape Architecture and to provide penalties for violators; and do hereby subscribe to and agree to abide by the provisions therein and related Rules and Regulations promulgated by the Board.



SIGNATURE OF APPLICANT

AFFIDAVIT

(To be made before a Notary Public or official qualified by law to administer oaths.)

STATE OF, COUNTY OF

On this day of, 20, before me personally appeared known to me to be the person herein described, and signed the foregoing form of application, and on oath swears (or affirms) that all the statements herein made are true to the best of his (her) knowledge and belief.

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NOTARY

NOTARY PUBLIC

My Commission expires

(To be signed by applicant in presence of Notary)

NOTE: Enter notarization date in item 6 on front page.