



Full Name: \_\_\_\_\_  
first middle last

**EDUCATION (Attach additional sheets if necessary.)**

Name of High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College or University (In chronological order.)

	<small>name and location</small>	<small>major</small>	<small>dates attended</small>	<small>degree</small>
1.				
2.				
3.				
4.				

**LICENSURE INFORMATION (See instructions.)**

Jurisdiction of Initial Registration: \_\_\_\_\_ License No: \_\_\_\_\_ Date Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration was by:  Examination  Exemption  Other (describe): \_\_\_\_\_

UNE  LARE  STATE EXAMINATION  OTHER: \_\_\_\_\_

**REGISTRATION IN OTHER JURISDICTIONS**

	<small>state</small>	<small>license no.</small>	<small>date issued</small>	<small>expiration date</small>
1.				
2.				
3.				
4.				

**REFERENCES (See instructions.)**

	<small>name/daytime phone no.</small>	<small>address</small>
1.		
2.		
3.		
4.		

**PROFESSIONAL ORGANIZATIONS**

	<small>name</small>	<small>type of membership</small>
1.		
2.		
3.		
4.		

Full Name: \_\_\_\_\_  
first middle last

**EXPERIENCE (In chronological order. Attach additional sheets if necessary.)**

Detailed Description of Duties

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Employment Dates:  
 from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_


Detailed Description of Duties

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Employment Dates:  
 from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_


Detailed Description of Duties

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Employment Dates:  
 from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_


Detailed Description of Duties

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Employment Dates:  
 from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_


Full Name: \_\_\_\_\_  
first middle last

**DISCLOSURE**

- No       Yes      Have you ever been convicted of a felony in any jurisdiction?
- No       Yes      Have you ever been subject to disciplinary action by any regulatory body?
- No       Yes      Have you ever had your license to practice landscape architecture suspended or revoked?
- No       Yes      Have you ever withdrawn an application for a license or had an application for license denied?

If you answered "Yes" to any of the above questions, please attach additional pages explaining the events in sufficient detail.

- Yes       No      Have you received and read a copy of Article 22, Chapter 30 of the West Virginia Code and the Legislative Rules and Regulations promulgated by the West Virginia State Board of Landscape Architects? (Please review law -- available online at <[http://www.wvlaboard.org/Portals/WVLABoard/docs/Article\\_22.pdf](http://www.wvlaboard.org/Portals/WVLABoard/docs/Article_22.pdf)>

Pursuant to West Virginia Code §48-15-303, each applicant for registration must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- No       Yes      Do you have a child support obligation?
- No       Yes      If yes, is it equal to or more than six months in arrears?
- No       Yes      Are you the subject of a child support related subpoena or warrant?

**AFFIDAVIT**

I \_\_\_\_\_, (*printed name of the applicant*) being duly sworn, depose and say that the statements together with accompanying sheets and all enclosed materials, are true and correct to the best of my knowledge and belief. I further understand that a false statement knowingly made by me may result in the refusal or subsequent suspension or revocation of any license issued pursuant to this application.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ ; 20\_\_\_\_,

Notary Public in and for the County of \_\_\_\_\_,

State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_

**(SEAL)**

**Attachment A  
VERIFICATION OF LICENSURE**

rev 1/25/13

Please forward Verification of Licensure to your state of initial licensure, NOT to the WV Licensing Board.

<i>Applicant to complete top portion.</i>	
<b>FROM:</b> <b>West Virginia State Board of Land-</b> <b>scape Architects</b> <b>522 Ashebrooke Square</b> <b>Morgantown, WV 26508</b>  Phone: (855) 226-1273 Fax: (304) 594-1482  Social Security No., Last Four (4) Digits Only: _____  Birthdate: ____ / ____ / ____ <small>month    day    year</small>	<b>TO:</b> _____ _____ _____ _____  Applicant: _____  Address: _____ _____ _____  Signature of Applicant Date: ____ / ____ / ____

**- BOTTOM PORTION TO BE COMPLETED BY LICENSING BOARD ONLY -**

Applicant's License Number: \_\_\_\_\_ Date Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

No       Yes      Has this Applicant been subject to any disciplinary action or pending legal action that could affect the Applicant's professional status in your jurisdiction?

**METHOD OF LICENSURE**

- Reciprocity - From the Jurisdiction of: \_\_\_\_\_
- CLARB Certification       Grandfather Clause       UNE       LARE
- State Exam - Attach details, i.e. subjects, length       Oral Exam - Attach details.
- Other: \_\_\_\_\_

**UNE, LARE and State Section (if applicable)**

SUBJECT	DATE PASSED	MINIMUM PASSING	CANDIDATE RAW SCORE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

(BOARD SEAL)

**PLEASE SUBMIT THIS FORM DIRECTLY TO THE WV STATE BOARD OF LANDSCAPE ARCHITECTS UPON COMPLETION.**

**Attachment B**  
**REFERENCE INFORMATION**

rev 1/25/13

Name of Applicant: \_\_\_\_\_

**Please complete using a typewriter or print using blue or black ink.**

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip code

Daytime Phone: ( ) - Email address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_

Occupation:  Landscape Architect  Engineer  Architect Other: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

If employer, dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

How long have you known the applicant: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you in any way related to the applicant?  No  Yes

Have you found the applicant to be truthful, trustworthy and of good moral character?  Yes  No

If no, please explain: \_\_\_\_\_

Do you consider the applicant qualified for registration as a landscape architect?  Yes  No

Please explain: \_\_\_\_\_

Excellent	Satisfactory	Marginal	Unsatisfactory	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate to the best of your knowledge the applicant's abilities in the following categories. If you select "Unsatisfactory" in any of the categories, please attach a letter of explanation to this form.

Technical Knowledge
Professional Conduct
Professional Experience
Reputation
Applicant's Community Standing

**RETURN TO: West Virginia State Board of  
Landscape Architects  
522 Ashebrooke Square  
Morgantown, WV 26508**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(SEAL)

**PLEASE SUBMIT THIS FORM DIRECTLY TO THE WV STATE BOARD  
OF LANDSCAPE ARCHITECTS UPON COMPLETION.**