

WEST VIRGINIA STATE BOARD OF LANDSCAPE ARCHITECTS

APPLICATION FOR REGISTRATION AS A LANDSCAPE ARCHITECT

Mailing address:

WV Board of Landscape Architects
179 Summers St, Suite 319
Charleston, WV 25301

Phone: (304) 558-3527

BOARD USE	
RECEIVED:	_____
REVIEW DATE:	_____
CLARB RECORD RECEIVED:	_____
LICENSE NO:	_____ ISSUED: _____

Instructions:

1. The application fee is **\$200.00** and will be refunded if you are denied a license. Submit a check or money order made payable to West Virginia State Board of Landscape Architects. A \$25.00 fee will be assessed for any returned check regardless of the reason.
2. This application must be completed using a typewriter or printed in blue or black ink. Illegible print constitutes an incomplete application.
3. Your preferred mailing address along with your name, license number and employer are included in a roster of licensee's and is accessible by the public.
4. You must list all states in which you have ever been licensed to practice landscape architecture, active and inactive. Fill in "Attachment A - VERIFICATION OF LICENSURE" and forward to the jurisdiction of your initial licensure.
5. Provide no less than three references two of which must be licensed landscape architects. Fill in your name at the top of "Attachment B - REFERENCE INFORMATION" and forward to all individuals listed. Make sure to include the reference MEMORANDUM with the form. **Only two references may be from your place of employment.**
6. If you are applying for registration by examination, arrange to have your transcript mailed directly from the college/university to the Board office.
7. You may omit the Education, Experience and References sections if you are submitting a CLARB Council Record and the information is contained within.
8. Board meets quarterly to review applications.

Affix a photograph of yourself taken within 30 days of submitting this application.

Approximate size 2 1/2" square.

GENERAL INFORMATION

I am applying for: Registration by Reciprocity Registration by Examination (See instructions.)

Full Name: _____
first middle last

Social Security Number, Last Four (4) Digits Only: _____ Birthdate: _____ / _____ / _____
month day year

Home Address: _____
street city state zip code

Employer: _____ Position: _____

Business Address: _____
street city state zip code

(Please check your preferred mailing address. See instructions.)

Home Phone: () - Business Phone: () - FAX: () -

Email Address: _____

Legal Residence: _____
city county state zip code

Length of Time: _____ Citizenship: U.S. Other, please list: _____

Place of Birth: _____
city county state country

Do you have a CLARB Council Record? No Yes, Number: _____ Date Issued: _____ / _____ / _____

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.		

**Attachment A
VERIFICATION OF LICENSURE**

Rev. 4/17/19

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

<i>Applicant to complete top portion.</i>	
FROM: WV Board of Landscape Architects 179 Summers St, Suite 319 Charleston, WV 25301 Phone: (304) 558-3527 Social Security No., Last Four (4) Digits Only: _____ Birthdate: ____ / ____ / ____ month day year	TO: _____ _____ _____ _____ 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.

