



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.		





VERIFICATION OF LICENSURE

Applicant to complete top portion.

FROM: West Virginia State Board of Landscape Architects P.O. Box 1355 St. Albans, West Virginia 25177

TO: [blank lines]

Phone: (304) 727-5501 FAX: (304) 727-5580

Applicant: [blank line]

Address: [blank line]

Social Security No., Last Four (4) Digits Only: [blank line]

Signature of Applicant [blank line]

Birthdate: [blank] / [blank] / [blank] month / day / year

Date: [blank] / [blank] / [blank]

- BOTTOM PORTION TO BE COMPLETED BY LICENSING BOARD ONLY -

Applicant's License Number: [blank] Date Issued: [blank] / [blank] / [blank] Expires: [blank] / [blank] / [blank]

[ ] 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: [blank]
[ ] CLARB Certification [ ] Grandfather Clause [ ] UNE [ ] LARE
[ ] State Exam - Attach details, i.e. subjects, length [ ] Oral Exam - Attach details.
[ ] Other: [blank]

UNE, LARE and State Section (if applicable)

Table with 4 columns: SUBJECT, DATE PASSED, MINIMUM PASSING, CANDIDATE RAW SCORE. Includes 5 rows of blank lines for data entry.

Additional Comments: [blank line]

Authorized Signature: [blank line]

Title: [blank] Date: [blank]

(BOARD SEAL)

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

