

# 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 **\$100.00** 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 four 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*CLARB Council Records typically only require three professional references. Please submit the WV required fourth reference with you application.**

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

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

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

College or University (In chronological order.)

	name and location	major	dates attended	degree
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**

	state	license no.	date issued	expiration date
1.				
2.				
3.				
4.				

**REFERENCES (See instructions.)**

	name/daytime phone no.	address
1.		
2.		
3.		
4.		

**PROFESSIONAL ORGANIZATIONS**

	name	type of membership
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**

- |                             |                              |  |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Have you ever been convicted of a felony in any jurisdiction?                                  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Have you ever been subject to disciplinary action by any regulatory body?                      |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Have you ever had your license to practice landscape architecture suspended or revoked?        |
| <input type="checkbox"/> No | <input type="checkbox"/> 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.

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 < <a href="http://www.wvlaboard.org/Portals/WVLABoard/docs/Article_22.pdf">http://www.wvlaboard.org/Portals/WVLABoard/docs/Article_22.pdf</a> > |
|------------------------------|-----------------------------|---|

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.

- |                             |                              |   |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Do you have a child support obligation?                             |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, is it equal to or more than six months in arrears?          |
| <input type="checkbox"/> No | <input type="checkbox"/> 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**

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*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>WV Board of Landscape Architects</b> <b>179 Summers St, Suite 319</b> <b>Charleston, WV 25301</b>  Phone: (304) 558-3527  Social Security No., Last Four (4) Digits Only: _____  Birthdate: ____ / ____ / ____ month    day    year	<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.**

## Rev. 4/17/19

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

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

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

(SEAL)

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