

APPLICATION FOR LICENSE RENEWAL JULY 31ST, 2025 – JUNE 30TH, 2026

Mailing Address: WV Board of Landscape Architects 179 Summers Street, Suite 319 Charleston, WV 25301 Phone: (304) 558-3527

WVFIMS IGT: 8528 YEAR 0910 999696

- 1. The renewal fee is **\$100.00**, for Active status, **\$25.00** for Inactive status and **\$5.00** for Retired status and is non-refundable. 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. Please do not send cash.
- 2. The Board is not responsible for misreading illegible print. This form must also be signed and sealed with your West Virginia seal, as approved by the Board.
- 3. Your email address is required for communication, but you may elect to provide us with a mailing address as an alternative
- 4. The renewal is a two-page application. Please make sure to complete both pages and submit the appropriate fee
- 5. DO NOT send continuing education (CE) documentation at this time. The board will request this if needed.
- 6. Inactive or Retired status applicants are not required to complete the continuing education section of this application
- 7. All active renewals are subject to an audit of CE requirements. Each applicant shall have a total of eight professional development hours (PDHs) with a minimum of six in topics covering public health, safety, and welfare.
- 8. The application and fee must be received by July 31st, 2025 or your license will lapse.

| 9. | Late renewals | (after | June 30 | Oth) will | be a | utomatically | audited | for CE | requirements | and a | ssessed a | a late |
|-----|---------------|--------|---------|-----------|------|--------------|---------|--------|--------------|-------|-----------|--------|
| fee | e of \$50.00 | | | | | | | | | | | |

| Desired License Status: Active \$100 | □ Inactive \$25 | □ Retired \$5 | | |
|--|------------------------------|---------------|--|--|
| FULL NAME: | | | | |
| License # | | | | |
| Firm Name: | or 🛛 Self Employed | | | |
| Email Address: | if you do not provide an ema | | | |
| address, you must provide a mailing address. | Email address has changed | | | |
| | | | | |
| Mailing Address: | | | | |

WEST VIRGINIA STATE BOARD OF LANDSCAPE ARCHITECTS APPLICATION FOR LICENSE RENEWAL JULY 31, 2025 TO JUNE 30, 2026 CONTINUING EDUCATION ACTIVITY REPORT

| WV Lice | nse No: | Full Name | | |
|---------|--------------------------|---|------------------------|-----------------|
| | | Coursework Date, Title, Location | PDH Units Earned | Board Use |
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| | | TOTAL | | |
| No | Yes | Have you ever been convicted of a felony in anyjurisdict | tion? | |
| No | Yes | Have you ever been subject to discliplinary action by any | y regulatory bo | dy? |
| No | Yes | Have you complied with the requirements for continuing | education in th | is state? |
| Pursuan | nt to West Vi | rginia Code §48-15-303, each applicant for licensure must ar | nswer the follo | ving questions. |
| No | Yes | Are you the subject of a child support related subpoena | or warrant? | |
| No | Yes | Do you have a child support obligation? | | |
| No | Yes | If yes, is it equal to or more than six months in arrears? | | |
| knowled | dge and bel | ove information given is true and correct to the best of my lief. /further understand that a false statement knowingly | | I. |
| - | y me may ront to this ap | esult in the refusal or revocation of any license issued plication. | \$ | SEAL |