

IDAHO STATE BOARD OF LANDSCAPE ARCHITECTURE

Bureau of Occupational Licenses

700 West State Street, PO Box 83720

Boise, Idaho 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: LAR@ibol.idaho.gov

APPLICATION FOR LICENSURE

INSTRUCTIONS

Please complete this form by providing the requested information. All requested information must be provided and all questions must be answered or your application will be delayed. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above.

If you are applying for licensure by examination evidence must be submitted to the board that you:

1. Are eighteen (18) years of age or older;
2. Have graduated from a college or school of landscape architecture approved by the board OR in lieu of graduation from an approved college or school of landscape architecture, you may submit evidence of at least eight (8) years of actual, practical experience in landscape architecture of a grade and character satisfactory to the board. Such experience shall establish your education in those subjects and areas contained in the curriculum of an approved college or school of landscape architecture. No less than fifty percent (50%) of such practical experience shall be under the supervision of a licensed landscape architect.
3. Have successfully passed each section of the LARE examination that demonstrates your competency to plan, design, specify and supervise the installation and construction of landscape architectural projects.

If you are applying for licensure by endorsement the board may approve your registration and licensure if you hold a current license in another state and have successfully passed the Landscape Architect Registration Examination or hold a current Council of Landscape Architectural Registration Boards certificate.

APPLICATION FEE	\$100.00
ORIGINAL LICENSE FEE	\$150.00

NOTE: All returned checks are subject to a \$20.00 fee.

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(continued)

PHOTOGRAPH: Attach an original PASSPORT photo of yourself taken within the last 30 days here.

(Photo)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____

LANDSCAPE ARCHITECT REFERENCE FORM

Applicant's name: _____

1. Have you and applicant attended landscape architectural school together? Yes No

If yes, give dates: from _____ to _____

Name of school: _____

2. Have you been employed by, or been members of, the same firm? Yes No

If yes, please supply the following information:

	<u>First</u>	<u>Other</u>
From - To		
Name of Firm		
City		
Applicant's Position		
Respondent's Position		

3. Have you known each other in any other connection? Yes No

A. Please indicate your expert opinion as to the applicant's qualifications to practice landscape architecture by placing an "X" in the appropriate spaces:

Phase of Practice	Excellent	Good	Satisfactory	Inadequate	Unknown
Technical Competence					
Professional Integrity					

B. Do you consider the applicant to be a competent practitioner? Yes No

Printed name Signature Date

Phone number: _____ Profession/Occupation: _____

License number: _____ State in which you hold your license _____

Please affix your professional seal in the box to the right or complete the acknowledgement below.

Acknowledgement Form: (See I.C. §§ 55-710 and 51-109 re acknowledgements and notarization of sworn statements)

State of _____)
) ss.
County of _____)



On this ____ day of _____, 20____, before me a notary public in and for said state, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that (s)he executed the same.

Notary Public Official Signature
My Commission Expires: _____