

To be filled in by Board

Registration No. _____
_____, 20_____
(Effective Date)



**STATE OF ALABAMA
BOARD OF EXAMINERS OF
LANDSCAPE ARCHITECTS**

2777 Zelda Road, Montgomery, AL 36106 334-262-1351

LandscapeBoard@alstateboard.com

www.abela.alabama.gov

Application for Registration to Practice Landscape Architecture

I hereby apply for registration in the State of Alabama under the method checked below and on the basis of the lawfully required information shown herein. All information requested on this form must be typewritten or printed in ink. Questions? Refer to the application page of our website – www.abela.alabama.gov.

Check One:

I. ACCREDITED DEGREE & PASSED CLARB NATIONAL EXAM

Must be a graduate of an accredited Landscape Architect curriculum and have satisfactorily passed the CLARB National Exam. Must total six years of combined education and experience.

II. HIGH SCHOOL, PLUS EIGHT YEARS EXPERIENCE & PASSED CLARB NATIONAL EXAM

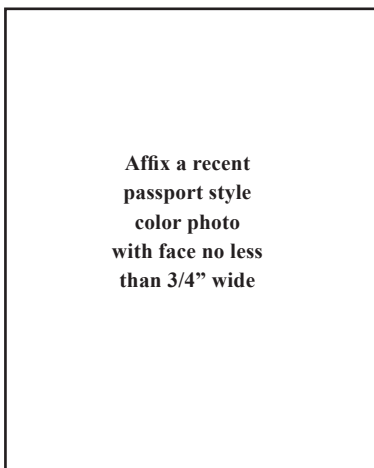
Must be a high school graduate or have had education equivalent as determined by the Board and, in addition, at least eight (8) years of varied landscape architectural experience under the supervision of a Landscape Architect registered under this Act or other qualified person or experience approved by the Board. Experience should begin no later than August 1, 2012. Must satisfactorily have passed the CLARB National Exam.

III. RECIPROCITY

An applicant who holds the license or certification to practice landscape architecture issued to him upon examination by a legally-constituted Board of Examiners of any state or the District of Columbia, or any other territory or possession under the control of the United States; PROVIDED, that such requirements of the state in which the applicant is registered are equivalent to those of this state.

IV. CLARB CERTIFICATION

CLARB certificate holders complete Section I and Section IV only and have your certificate file transmitted to the Board.



**Affix a recent
passport style
color photo
with face no less
than 3/4" wide**

I. PERSONAL DATA

1. Name as you wish it to appear on certificate of registration

Mr/Ms/Mrs

_____ first middle last

E-Mail Address: _____

2. Business

_____ firm name

_____ street or box

_____ city state zip

3. Phone Number () _____

4. Residence

_____ house number and street name

_____ city state zip

5. Phone Number () _____

PLEASE CHECK BOX TO INDICATE PREFERRED MAILING ADDRESS

6. Date _____
(same as affidavit on back)

Soc. Sec. # _____

7. Date and place of birth _____
(Date) (Place)

8. Citizen of (state or foreign country) _____

9. Are you a US Citizen? Yes ____ No ____ If no, provide appropriate documentation from the US Government with your application that you are legally present in the United States.

10. Are you registered as a Registered Landscape Architect elsewhere? Yes No If yes, show the following:

Name of State or Country	Basis*	Registration Date	Cert. No.	Expiration Date

*Indicate examination basis as: W-Written, O-Oral, EE-Education and Experience, R-Reciprocity, GF-Grandfathered. If written, indicate how many hours of examination and date(s) when taken.

11. Do you hold C.L.A.R.B. Certification? Yes No Date Received _____ Certification Number _____
Is it presently active? Yes No Expiration/Renewal Date _____

12. Are you now a resident of Alabama? Yes No If yes, how many years? _____

13. Names of technical or professional organizations to which you belong with grade of membership.

14. Have you ever been refused a license or had revocation or other disciplinary proceedings filed against you? Yes No
If yes, explain: _____

15. Have you ever been convicted of a felony? Yes No If yes, explain: _____

16. Have you ever been adjudged mentally incompetent by a court of competent jurisdiction? Yes No If yes, explain:

II. EDUCATION AND EXPERIENCE

1. SUPERVISED EDUCATION

College or University See note under experience	Name of Institution	Years Attended		Date of Graduation	Course Completed Degree Conferred
		From	To		

(*Enclose copy of Diploma)

2. UNSUPERVISED EDUCATION – Home study, correspondence school

EXPERIENCE - Start with current position first and list earliest position last. Show all periods of work, school, military, and other engagements in reverse chronological order. Account for all periods of time.

Date From and To	TITLE OR POSITION, EMPLOYER, CHARACTER AND DEGREE OF RESPONSIBILITY IN EACH ENGAGEMENT (Describe key work features even if other material is attached)	Time (Years and Months)			Name & address w/zip or e-mail address of direct supervisor or other person (not deceased) familiar with your work.
		As Sub-ordinate	In re-sponsible charge	Total Time	
Total summarized by applicant					
Total verified by Board					Date

NOTE: Furnish additional information on education or experience on extra 8 1/2 x 11 sheets if necessary.

Signature of Applicant

III. REFERENCES

List below at least five citizens of the USA, three of whom shall be Registered Landscape Architects, not relatives or members of this Board or Council. No more than two references from the same firm.

Name	Mailing Address or E-Mail Address	Occupation <small>(Landscape Architects show registration state & No.)</small>	Business Relation to Applicant
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

IV. INFORMATION FOR APPLICANT

It is unlawful for any Landscape Architect to engage in work which comes under the provisions of the Act regulating the practice of Landscape Architecture unless he or she holds a certificate and a current license card issued by this Board.

Read carefully all information released by the Board pertaining to registration and determine your ability to qualify.

PLEDGE

I hereby certify that all information disclosed in this form is true, correct and completed to the best of my knowledge. I have familiarized myself with the provisions of Alabama Law, 34-17-1 et seq and 34-17-20 et seq that regulates the practice of Landscape Architecture and to provide penalties for violators; and do hereby subscribe to and agree to abide by the provisions therein and related Rules and Regulations promulgated by the Board.



SIGNATURE OF APPLICANT

AFFIDAVIT

(To be made before a Notary Public or official qualified by law to administer oaths.)

State of _____, County of _____

on this _____ day of _____, 20 _____, before me personally appeared

_____ known to me to be the person herein described, and signed the foregoing form of application, and on oath swears (or affirms) that all the statements herein made are true to the best of his or her knowledge and belief.

NOTARY

(To be signed by applicant in presence of Notary)

My Commission expires _____

NOTE: Enter notarization date in item 6 on front page.