

Nevada State Board of Landscape Architecture



Application for Landscape Architect-In-Training Registration

Please Type or Print Legibly in Black Ink Completing All Sections

Nonrefundable Application Fee Registration \$50

All Applications must be delivered to the Board office at least 21 days prior to the board meeting in order to be approved.

Section 1 Identifying information

Last Name			First Name			Date of Birth		
Place of Birth			Social Security Number			Citizenship or Legal Residence		
Residence Address								
City			State		Zip code		Home Telephone	
Business Name								
Business Address								
City			State		Zip code		Business Telephone	
Facsimile Number			Electronic Mail Address(s)					
<p>Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Which Branch(es) of Service? (Circle all that apply) Army/Army Reserve; Marine Corps/Marine Corps Reserve; Navy/Navy Reserve; Air Force/Air Force Reserve; Coast Guard/Coast Guard Reserve; National Guard.</p> <p>What was your Military Occupation or Specialty? _____</p> <p>What were your Date(s) of Service: _____</p> <p>If the answer to any of the following questions is "yes" attach a detailed explanatory statement.</p> <p>1. Have you ever been convicted of a misdemeanor or gross misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								

Applicant Name _____ Date Submitted _____

Nevada State Board of Landscape Architecture LAIT Registration Application Revised 12-2016

Section 2 Education

All Landscape Architect-In-Training Candidates-State in chronological order the name and address of each institution attended, the dates spent at each, major, indicate the degree received if applicable and the year of graduation. Use additional sheets if needed.

Candidates are to submit certified transcripts from each institution that has been attended.

1. Name of Institution			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended
2. Name of Institution			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended
3. Name of Institution			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended
4. Name of Institution			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended

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Section 4 Professional References

All Candidates-Submit 2 professional references, at least 1 from a registered landscape architect, who have direct knowledge of your professional abilities. Also, submit 1 reference from 1 teacher or professor who has direct knowledge of the scholastic ability of the applicant. All professional references must be stamped by the person providing the reference. <http://nsbla.nv.gov/uploadedFiles/nsblanvgov/content/Forms/LandscapeArchitectReferenceForm.pdf>

1. Name of Landscape Architect			Nature of Relationship
Address	City	State	Zip code
2. Name of Landscape Architect			Nature of Relationship
Address	City	State	Zip code
3. Name of Professional Reference			Nature of Relationship
Address	City	State	Zip code
2. Name of Professional Reference			Nature of Relationship
Address	City	State	Zip code

Applicant Name _____ Date Submitted _____

AFFIDAVIT

I certify the information contained in this application to be truthful, complete and accurate.

I acknowledge that the Nevada State Board of Landscape Architecture will compile and evaluate a record containing all aspects of my education, experience, moral character and reputation. I agree to provide any additional information as requested by the Board. I hereby authorize any individual, company or institution with whom I have been associated to furnish to the Nevada State Board of Landscape Architecture any information concerning my qualifications for professional registration in Nevada which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I attest that if I am subject to a court order for child support of one or more children that I am not out of compliance with the order or with a plan approved by the District Attorney or other public agency enforcing the order for repayment in the amount owed pursuant to the order.

I acknowledge that any statements, papers or documents received by the Board in its investigation may be transmitted by the Board to the Council of Landscape Architectural Registration Boards or other political subdivisions registering landscape architects as requested.

I attest that I am a citizen of the United States or that I am lawfully entitled to remain and work in the United States.

Signature of Applicant _____ Date _____

State of _____ County of _____

Being first duly sworn, deposes and says: I am the applicant named in this application, have read and understand the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

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

Signature of Notary Public _____ my commission expires _____

NOTARY SEAL

Mail should be sent to (choose one)

home address _____

office address _____

Please securely attach a recognizable photo (2"x 2 1/2"). Photo must be taken within one year of submission of this application. Affix your signature and date of the photo over the lower right-hand corner of the photo.

Applicant Name _____ Date Submitted _____