

# Nevada State Board of Landscape Architecture



## Application for Professional Registration

Please Type or Print Legibly in Black Ink Completing All Sections

Nonrefundable Application Fee Registration by Examination \$175.00

Nonrefundable Application Fee Registration by Reciprocity \$100.00

**All returned exams must be delivered to the Board office at least 2 weeks prior to the 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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>2. Have you ever been convicted of a felony? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> |  |                            |          |                                |  |

Applicant Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

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## Section 2 Landscape Architect Registration

**Registration by Examination Candidates may omit this section**

**Registration by Reciprocity Candidates-List all states or provinces of Canada, which have issued you a certificate of registration, use additional sheets if needed.**

- **Submit verification from your home state of registration or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken and that you received a minimum passing score of 75 percent on each section of the national examination.**
- **Submit verification from each additional state or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken.**

|   |                     |                      |
|---|---------------------|----------------------|
| 1. Name of State or Province of Canada                      |                     | Date of Registration |
| Address of Board issuing Certificate of Registration        |                     | City, Zip code       |
| E-mail address of Board Issuing Certificate of Registration | Registration Number |                      |
| 2. Name of State or Province of Canada                      |                     | Date of Registration |
| Address of Board issuing Certificate of Registration        |                     | City, Zip code       |
| E-mail address of Board Issuing Certificate of Registration | Registration Number |                      |
| 3. Name of State or Province of Canada                      |                     | Date of Registration |
| Address of Board issuing Certificate of Registration        |                     | City, Zip code       |
| E-mail address of Board Issuing Certificate of Registration | Registration Number |                      |

Professional Organizations  
Please provide a list of professional organizations of which you are a member.

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Applicant Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

**Section 3 Professional Practice**

**For Registration by Examination Candidates-State in chronological order the name and address of each employer. Use additional sheets as needed. Please include with your application a completed Post Graduate Work Verification Form for each employer listed.**

<http://nsbla.nv.gov/uploadedFiles/nsblanvgov/content/Forms/ProfessionalExperienceVerificationForm.pdf>

**For Registration by Reciprocity Candidates-Provide verification of 2 or more years of active engagement in full-time practice as a Registered Landscape Architect. Use as many forms as needed to provide verification for 2 years.**

<http://nsbla.nv.gov/uploadedFiles/nsblanvgov/content/Forms/ProfessionalExperienceVerificationForm.pdf>

**Council of Landscape Architect Registration Board Certificate holders may omit this section.**

|                  |  |  |                     |  |
|------------------|--|--|---------------------|--|
| Name of Employer |  |  | Dates of Employment |  |
|------------------|--|--|---------------------|--|

|         |  |      |       |          |
|---------|--|------|-------|----------|
| Address |  | City | State | Zip code |
|---------|--|------|-------|----------|

|                        |                  |  |  |  |
|------------------------|------------------|--|--|--|
| Title of Position Held | Duties Performed |  |  |  |
|------------------------|------------------|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| Describe in Particular Duties Performed in the field of Landscape Architecture |  |  |  |  |
|--|--|--|--|--|

|                  |  |  |                     |  |
|------------------|--|--|---------------------|--|
| Name of Employer |  |  | Dates of Employment |  |
|------------------|--|--|---------------------|--|

|         |  |      |       |          |
|---------|--|------|-------|----------|
| Address |  | City | State | Zip code |
|---------|--|------|-------|----------|

|                        |                  |  |  |  |
|------------------------|------------------|--|--|--|
| Title of Position Held | Duties Performed |  |  |  |
|------------------------|------------------|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| Describe in Particular Duties Performed in the field of Landscape Architecture |  |  |  |  |
|--|--|--|--|--|

|                  |  |  |                     |  |
|------------------|--|--|---------------------|--|
| Name of Employer |  |  | Dates of Employment |  |
|------------------|--|--|---------------------|--|

|         |  |      |       |          |
|---------|--|------|-------|----------|
| Address |  | City | State | Zip code |
|---------|--|------|-------|----------|

|                        |                  |  |  |  |
|------------------------|------------------|--|--|--|
| Title of Position Held | Duties Performed |  |  |  |
|------------------------|------------------|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| Describe in Particular Duties Performed in the field of Landscape Architecture |  |  |  |  |
|--|--|--|--|--|

### Section 4 Professional References

**All Candidates-Submit 4 professional references, 2 from registered landscape architects and 2 from other licensed professionals in a related design profession who have direct knowledge of your professional abilities. All 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 \_\_\_\_\_

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## Section 5 Education

**All 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.**

**Registration by Examination Candidates-Arrange to have transcripts from all educational institutions forwarded to the Nevada State Board of Landscape Architecture.**

**Council of Landscape Architect Registration Board Certificate holders may omit this section.**

|                        |       |       |                 |
|------------------------|-------|-------|-----------------|
| 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  |

Applicant Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

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**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 \_\_\_\_\_