



**Nevada State Board of
Landscape Architecture
Application for
Registration by Examination**
Please Type or Print Legibly in Black Ink
Completing All Sections

Nonrefundable Application Fee \$175.00

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	
Send Renewal Application to Home Address _____ Office Address _____				
If the answer to any of the following questions is "yes" attach a detailed explanatory statement.				
1.	Have you ever been convicted of a misdemeanor or gross misdemeanor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 Education

The Applicant must arrange to have transcripts from all educational institutions forwarded to the Nevada State Board of Landscape Architecture. 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.

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

Professional Organizations

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

Section 3 Post Graduate Work Experience

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* <http://nsbla.state.nv.us/FORMS/ProfessionalExperienceVerificationForm.pdf> for each employer listed.

Name of Employer	Dates of Employment
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Address	City	State	Zip code
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Title of Position Held	Duties Performed
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Describe in Particular Duties Performed in the field of Landscape Architecture

Name of Employer	Dates of Employment
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Address	City	State	Zip code
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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
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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
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Title of Position Held	Duties Performed
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Describe in Particular Duties Performed in the field of Landscape Architecture

Section 4 Professional References

Include names of two Landscape Architects and two licensed professionals from a related design profession who have direct knowledge of your professional abilities. Please include with this application completed *Professional Reference Forms* <http://nsbla.state.nv.us/FORMS/LandscapeArchitectReferenceForm.pdf> from each individual listed.

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

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 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

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.