



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

Nonrefundable Application Fee \$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			
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 Landscape Architect Registration

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.

Section 3 Active Engagement in Full-time Practice

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

<http://nsbla.state.nv.us/FORMS/ProfessionalExperienceVerificationForm.pdf>

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

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.state.nv.us/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

Section 5 Education

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. 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

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

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.