



NEVADA STATE BOARD OF LANDSCAPE ARCHITECTURE  
P.O. BOX 34143 \* RENO, NV 89533  
**APPLICATION FOR RENEWAL OF REGISTRATION**

For registration period July 1, 2016 to June 30, 2017

**Renewal Fee for 2016-2017 is \$200. Delinquency Fee is \$50. TOTAL=\$250**

Date Sent: 7-1-2016 or later  
NSBLA Registration Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Correspondence is sent to: Home or Office  
Initial year/date of registration with the Nevada State Board of Landscape Architecture: \_\_\_\_\_

Do you wish to renew your registration with the Nevada State Board of Landscape Architecture?  Yes  No

- If you answered "No" do not complete this form. Sign and return to Nevada State Board of Landscape Architecture to discontinue your registration. You will not be allowed to practice Landscape Architecture in the State of Nevada, nor can you use the title "Landscape Architect", "Landscape Designer" or any other title or term indication or implying that you are a Landscape Architect in any sign, card listing, advertisement or in any other manner. Violation of this statute will be subject to disciplinary action by the Nevada State Board of Landscape Architecture in conjunction with the Office of the State of Nevada Attorney General.
- If you answered "Yes", please complete this form, correcting any inaccurate pre-printed information and returning it to the Nevada State Board of Landscape Architecture with all required fees prior to June 30, 2015. **Renewals received which are postmarked after June 30, 2016 are subject to a \$50. delinquency fee and will be returned for full payment.**

**Please answer each of the following questions:**

Since your last renewal of registration

1.	Have you been subject to any disciplinary or pending legal action that could affect your professional status in this or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been denied registration in any other state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you had your registration in another state or jurisdiction suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you surrendered or allowed your registration to lapse in any jurisdiction due to an action pending or threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you subject to a court order for child support? If you answer yes, please respond to the next question.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If you are subject to a court order for support of one or more children are you 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are there any other matters, which have occurred since your last registration, which would prevent the Board from approving your request for renewal of registration to the Nevada State Board of Landscape Architecture?	<input type="checkbox"/> Yes <input type="checkbox"/> No

"Yes" answers for all questions, (except #5), require a written explanation on a separate sheet.

*In applying for renewal of registration to the Nevada State Board of Landscape Architecture I agree that I will at all times abide by NRS 623.A and NAC 623.A which regulate the practice of Landscape Architecture in the State of Nevada. All information submitted by me in this application is true to the best of my knowledge and belief. In consideration of the Board, I release from any and all liability all representatives of the Board and Board Staff for any and all of their acts or statements at any time performed or communicated in good faith and without malice in connection with evaluating this application for renewal and my qualifications. I further agree to report any changes that would impact my ability to practice my profession in the State of Nevada.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*Your pocket card will be e-mailed to you after your application and fees have been processed.\*\*\***

**For Office Use: This Application is Delinquent  
Check Number/Name/Amount**

\_\_\_\_\_