

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 REAL ESTATE & PROFESSIONAL TRADES DIVISION
 Board of Landscape Architects
 Telephone: (860)713-6135
 E-mail: dcp.occupationalprofessional@ct.gov



For Official Use Only

APPLICATION FOR LANDSCAPE ARCHITECT LICENSE

INSTRUCTIONS:

This form must be completed by the individual applying for licensure. All spaces must be completed - please print in black ink or type. This application **must be accompanied by a check or money order in the amount of \$80.00**, made payable to: "Treasurer, State of Connecticut." **Application fees are non-refundable.**

Important: Note specific Regulatory and Department requirements included on this application.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services

Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant Data:				
First Name:	Middle Initial	Last Name	CLARB File No.:	
Residence Address: (No. & Street, State, Zip Code)			Home Telephone No.:	
Business Address: (No. & Street, State, Zip Code)		Email Address:	Work Telephone No.:	
Social Security No.:	Date of Birth: / /	Address for Correspondence: <input type="checkbox"/> Business <input type="checkbox"/> Residence		
<p>I hereby apply for a license to practice landscape architecture in the State of Connecticut by the following method:</p> <p style="margin-left: 40px;"> <input type="radio"/> Written Examination (<i>Refer to Supplemental Department Examination Information</i>) <ul style="list-style-type: none"> <input type="checkbox"/> With CLARB Council Record <input type="checkbox"/> Approved Experience in Landscape Architecture (<i>Must complete "Supplemental Application – Landscape Architect" form</i>) </p> <p style="margin-left: 40px;"> <input type="radio"/> Waiver of Examination (<i>Reciprocal Licensing</i>) <ul style="list-style-type: none"> <input type="checkbox"/> With CLARB Certificate Record No. _____ <input type="checkbox"/> With CLARB Council Record No. _____ </p>				

Licensure Standards (excerpts from Regulations on Landscape Architecture)

To be granted a license as a Landscape Architect, an applicant shall:

1. Hold a professional degree in landscape architecture from a college or university accredited by the Landscape Architectural Accreditation Board.
2. Have at least two years of diversified experience in landscape architecture under the direct supervision of a licensed landscape architect.
3. Have successfully completed the Council of Landscape Architectural Registration Boards (CLARB) Registration Examination where the examination, administration, and grading were in accordance with CLARB standards in effect at the time.
4. Not have been disciplined by any other licensing Board.
5. Not have any pending disciplinary action or unresolved complaint before any other licensing board.

In lieu of holding a professional degree in landscape architecture: (*excerpts from Regulations on Landscape Architecture*)

1. An applicant shall have at least eight years of diversified experience in landscape architecture under the direct supervision of a licensed landscape architect.
2. The Board, until June 30, 2001, may consider other formal education in landscape architecture at a non-accredited institution when the applicant demonstrates that such education includes sufficient elements of landscape architecture included in the Landscape Architect Registration Examination.

The Board may consider diversified experience related to landscape architecture under the direct supervision of a licensed civil engineer or architect when the applicant demonstrates that such experience includes sufficient elements of landscape architecture included in the Landscape

Architect Registration Examination. In evaluating an application, the Board may require substantiation of the quality and character of the applicants experience notwithstanding the fact that the applicant has complied with the technical standards noted above.

Reciprocal Licensing and Waiver of Examination (excerpts from Regulations on Landscape Architecture)

The Board considers applicable statutes and regulations from the state in which the applicant is currently licensed and shall make a determination of whether the licensure standards are substantially similar to or higher than those of Connecticut. An applicant's experience and/or education shall either be equal to or greater than that required by Connecticut. An applicant seeking reciprocal licensing or a waiver of the examination requirement shall provide the Board with a Council Certificate furnished by the Council of Landscape Architectural Registration Boards (CLARB). For good cause shown, the Board may permit an applicant, in lieu of a Council Certificate, to submit information regarding education, examination, and experience in the form of a CLARB Council Record.

Applications for Licensure by Examination (excerpts from Regulations on Landscape Architecture)

An applicant who has never been licensed in any jurisdiction by examination shall submit an application to the Department accompanied by the appropriate fee. Such application shall consist of a Council Record provided through the National Council of Landscape Architectural Registration Boards (CLARB). In lieu of a Council Record, the Board may permit, for good cause, an applicant to submit on forms provided by the Department information regarding his education and experience.

Supplemental Department Examination Information

Eligibility to sit for the Landscape Architect Registration Examination is determined by the applicant's Council Record, as compiled by the Council of Landscape Architectural Registration Boards (CLARB) and received directly from them by the Connecticut Board of Landscape Architects. The applicant is responsible for contacting CLARB and requesting that his/her Council Record be sent to the Connecticut Board. Upon receipt of the Council Record, the department will establish a file for the applicant, determine their eligibility, and advise him/her of their status. Upon receipt of written approval by the Board, the applicant will be mailed the test administrators scheduling form to be completed by the applicant and mailed along with appropriate fee to the address indicated on the form. The Board may permit, for good cause shown, an applicant to submit on the enclosed forms information regarding his/her education and experience.

AFFIDAVIT

The undersigned, being duly sworn, upon his oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

If applying for licensure by reciprocity, I hereby certify that I have not been licensed, practiced, offered to practice, or signed any contracts for the practice of landscape architecture in the State of Connecticut, nor have I furnished services or signed any contracts for projects to be constructed in the State of Connecticut.

SIGNATURE OF APPLICANT

DATE

NOTARIZATION

I, _____ a Notary Public in and for said County, in the Sate aforesaid, DO *HEREBY CERTIFY* that _____ personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Sworn by the deponent _____

known to me, at _____

on the _____ day of _____ 19 _____

Before me, _____
(Notary or other officer qualified to take oaths.)

My Commission Expires: _____

SIGNED *(Notary Public)*

(Please place seal over a portion of the attached photograph.)

Attach a recent photograph
of applicant here.

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SUPPLEMENTAL APPLICATION FOR LANDSCAPE ARCHITECT LICENSE

To be completed only if applying based on "approved experience in landscape architecture" only.

EXPERIENCE:

Employer Name:																			
Employer Address:																			
DATES OF EMPLOYMENT						LENGTH OF TIME		STATUS				TYPE OF FIRM							
								Check appropriate category				Check appropriate category							
FROM			TO			FULL-TIME	PART-TIME	EMPLOYEE W/ ARCH. SUPERVISOR	EMPLOYEE W/ OUT L. ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	SELF-EMPLOYED	LANDSCAPE ARCH.	ARCHITECTURE	ENGINEERING	DESIGN/BUILD	GOVT. OR AGENCY	PLANNING	TEACHING OR RESEARCH	OTHER*
MO	DAY	YR	MO	DAY	YR	4	(Less than 35 hours per week) HOURS/WEEK												

Employer Name:																			
Employer Address:																			
DATES OF EMPLOYMENT						LENGTH OF TIME		STATUS				TYPE OF FIRM							
								Check appropriate category				Check appropriate category							
FROM			TO			FULL-TIME	PART-TIME	EMPLOYEE W/ ARCH. SUPERVISOR	EMPLOYEE W/ OUT L. ARCH. SUPERVISOR	PARTNER OR CORP. OFFICER	SELF-EMPLOYED	LANDSCAPE ARCH.	ARCHITECTURE	ENGINEERING	DESIGN/BUILD	GOVT. OR AGENCY	PLANNING	TEACHING OR RESEARCH	OTHER*
MO	DAY	YR	MO	DAY	YR	4	(Less than 35 hours per week) HOURS/WEEK												

EDUCATION

COLLEGES, UNIVERSITIES AND TECHNICAL SCHOOLS ATTENDED	DATES OF ATTENDANCE		DEGREE RECEIVED <small>(If no degree, indicate credit hours earned)</small>	DATE DEGREE RECEIVED <small>(Day-Month-Year)</small>
	FROM (MONTH)	TO (YEAR)		

REFERENCES

Give the name and address of three licensed landscape architects who are currently personally acquainted with your professional experience, abilities and professional activities. Present employers, fellow employees, present partners or relatives are not to be used for these references.

Name
Address
Name
Address
Name
Address