

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

STATE BOARD OF LANDSCAPE ARCHITECTS

POST OFFICE BOX 2649
 HARRISBURG, PA 17105-2649

2601 NORTH THIRD STREET
 HARRISBURG, PA 17110

Phone: 717-772-8528 Fax: 717-705-5540 E-Mail: st-landscape@pa.gov Website: www.dos.pa.gov/land

APPLICATION FOR TEMPORARY PERMIT LANDSCAPE ARCHITECTURE

Section 1 **Requirements-** Follow Instructions and Submit All Required Documents

Please check all those that apply:

- 1. Principal place of business is located outside of the Commonwealth of Pennsylvania.
- 2. Legally qualified to engage in the practice of landscape architecture in the jurisdiction where the principal place of business is located.
- 3. The standards of authority to practice landscape architecture in that jurisdiction are at least equal to those of the Commonwealth of Pennsylvania.

Contact the State Licensing Board where you currently hold a license and request that a CERTIFICATION/VERIFICATION OF LICENSE be sent DIRECTLY to the Pennsylvania State Board of Landscape Architects. **Certification/Verification of License is required from all states in which you have ever held/hold a license.** Copies of licenses or certifications from applicants will NOT be accepted.

Section 2 **Fee - \$45.00 NON-REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER PAYABLE TO "COMMONWEALTH OF PA."** A processing fee of \$20.00 will be charged for any payment returned unpaid, regardless of the reason for non-payment.

Section 3 **Applicant Information (Please type or print in black ink only)**

A. Applicant's Name	Last :		
	First:	Middle:	
	Maiden Name (If applicable):		

B. Home Address	Street:		
	City:	State:	Zip Code:

C. Social Security #:	
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D. Date of Birth: (Mo-Da-Year)	
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E. Daytime Phone:	
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F. E-Mail Address:	
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May we contact you about this application at this e-mail address? YES NO

Section 7	Education (If additional space is required, submit on a 8 ½” x 11” sheet of paper)		
School Name	Dates Attended	Degree Awarded	Graduation Date
1.			
2.			
3.			

Section 8 **Licensure Information** (If additional space is required, submit on a 8 ½” x 11” sheet of paper)

Contact the State Licensing Board where you currently hold a license and request that a CERTIFICATION/VERIFICATION OF LICENSE be sent DIRECTLY to the Pennsylvania State Board of Landscape Architects. ***Certification/Verification of License is required from all states in which you have ever held/hold a license.*** Copies of licenses or certifications from applicants will NOT be accepted.

Name of State	License No.	Issue Date	Expiration Date
1.			
2.			
3.			
4.			
5.			

Section 9 **Verification Statement**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature

Date

In order to comply with federal law, the State Board of is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is **mandatory** in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth’s Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

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VERIFICATION OF EXAMINATION / LICENSURE

Applicant must complete top portion.

FROM: Pennsylvania State Board of Landscape Architects P. O. Box 2649 Harrisburg PA 17105-2649	Date: 									
TO: 	Applicant: 									
	Address: 									
	SS# <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
Birth Date: (MO/DA/YEAR) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

Examination Information: (If applicable) – To be completed by state Board

Exam Offered (Ex.: UNE, LARE, CLARB)	Date of Exam	Section	Score	Min. Pass Score	Date Passed

Licensure Information: (If applicable) – To be completed by state Board

1. License No.:	
2. Date Issued:	
3. Expiration Date:	
4. Licensed by:	<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity – List State:
5. Is license currently in good standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has licensee been disciplined in your state/jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, please attach certified copies of actions taken in your state.
7. Completed by: _____	Date: _____
(Name & Title)	

This form must be returned directly to the Pennsylvania State Board of Landscape Architects upon completion.

(Board Seal)