Action, 20 (Date of Action)	Action, 20 (Date of Action)	Contraction of the second
Action	Action	KENTUCKY BOARD OF LANDSCAPE ARCHITECTS
, 20	, 20	1714 Perryville Rd., Suite 200 Danville, KY 40422
(Date of Action)	(Date of Action)	Phone: (859) 246-2753
Action	Registration No	Email: <u>ky.labd@ky.gov</u>
20	Section of Law	Website: klarb.ky.gov APPLICATION FOR LICENSE
(Date of Action)	(Effective Date)	TO PRACTICE PROFESSIONAL LANDSCAPE
		ARCHITECTURE
		112023

All information requested on this form must be typewritten or printed in ink.

COMMONWEALTH OF KENTUCKY

I hereby apply for licensure in the State of Kentucky under the section checked below and on the basis of the lawfully required information shown herein.

Check method I or II below:

## METHOD REQUIREMENTS □ \$250 I Initial License 1. 21 years of age. Graduate of an accredited landscape architecture curriculum approved by the Board. 2. 3. At least two (2) years of experience related to the practice of professional landscape architecture under the supervision of a licensed landscape architect, engineer, or architect, within five (5) years prior to application submission. Satisfactorily pass national examination as prescribed by the Board. 4. 5. Pay Application Fee. \$250 II Reciprocity/Comity 1. Any person who is a licensed landscape architect in another state or country where the qualifications prescribed at the time of licensing were, in the opinion of the Board, equal to those prescribed by Kentucky at the date of application may be licensed by Reciprocity/Comity. 2. Pay Application Fee.

## I. PERSONAL DATA

1. Full name (or as you wish it printed on a Wall Certificate)

(First)		(Middle)	(Last)		
2. Employer					
3. Business Address	Business Address  (Street Address)				
(City)	(State)	(Zip)	(Business Phone)		
4. Residence Address		(Street Address)			
(City)	(State)	(Zip)	(Home Phone)		
** Please check the box abo	ve to indicate your	preferred mailing address (Busi	ness or Home) **		
5. Date of Birth		6. Social Security #			
6. Email Address					
<ol> <li>Cell phone #</li> </ol>					

6.	Citizen of 7. If not a U.S. Citizen, have you made a declaration to become one? (Yes or No)
8.	Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere?
	Name of State or Country Basis * Credential Date Credential No. Expirátion Date Credential Status **
	* Indicate examination basis as: W—Written, O—Oral, EE—Education and Experience, R—Reciprocity, GF—Grandfather Clause. If written, indicate date(s) when taken.
9.	** Please indicate if your credential is in good standing. If not, please explain completely (use separate sheet of paper if necessary). Are you now a resident of Kentucky? If yes, how many years?
10.	Names of technical or professional organizations to which you belong.
<u>п</u> .	Have you ever been refused a credential or had a revocation or other disciplinary proceedings filed against you? If yes, explain (Yes or No)
12.	Have you ever been convicted of a felony? If yes, explain
13.	Have you been adjudged mentally incompetent by a court of competent jurisdiction? If yes, explain
_	

## II. EDUCATION AND EXPERIENCE 1. SUPERVISED EDUCATION

III al Calval	Name of Institution	Years A	ttended	Date of Graduation	Course Completed or Degree Conferred†
High School or		From	То		
Preperatory Education					
C 11					
College or University					

Note: Applicants for initial license should have transcript mailed directly to Board by College or University.

## 2. UNSUPERVISED EDUCATION—Home Study, Correspondence School

3. EXPERIENCE—Begin with current position at the top and list all relevant positions. Show all periods of work, school, military, and other engagements in chronological order.

Date From and	TITLE OF POSITION, EMPLOYER, CHARACTER, AND DEGREE OF RESPONSIBILITY IN EACH ENGAGEMENT. INCLUDE NATURE OF EMPLOYER'S BUSINESS (Describe key work features even if other material is attached.)	Time (Years and Months)			Name, address & email
To		As Subordinate	In Resposible Charge	Total • Time	of direct supervisor
			t:/		
		r			

Note: Furnish any additional information on education or experience on extra sheets, if necessary.

I do hereby certify that I have read & familiarized myself with the provisions of KRS Chapter 323A and 201 KAR Chapter 10 & do hereby subscribe to & agree to abide by the provisions therein.