#### COMMONWEALTH OF KENTUCKY

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## KENTUCKY BOARD OF LANDSCAPE ARCHITECTS 2365 Harrodsburg Road, Suite B350

Lexington, KY 40504 Phone: (859) 246-2753

Email: ky.labd@ky.gov Website: klarb.ky.gov

# APPLICATION FOR LICENSE TO PRACTICE PROFESSIONAL LANDSCAPE ARCHITECTURE

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

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.
- 2. Graduate of accredited landscape architecture curriculum approved by the Board.
- 3. At least 2 years of professional landscape architectural experience satisfactory to the Board.
- 4. Satisfactorily pass examination as prescribed by the Board.
- 5. Attach fee to application in accordance with enclosed schedule.
- 6. Enclose nonrefundable check or money order payable to: KY Landscape Architectural Board.
- \$250 II Reciprocity/Comity
- 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 registered by reciprocity.
- 2. Attach fee to application in accordance with enclosed schedule.
- 3. Enclose nonrefundable check or money order payable to: KY Landscape Architecture Board.

#### I. PERSONAL DATA

Securely affix a photograph taken within the last 30 days.

Face must be a minimum of three-quarters of an inch wide.

1.	Full Name (or as yo	ou wish it on (	Certificate of Registration)	
-	(First,	)	(Middle)	(Last)
2.	Company Name			
3.	Business Address	<b></b>		
			(Street and Number)	
_	(City)	(State)	(Zip)	(Business Phone)
1.	Residence Address	o		
			(Street and Number)	
_	(City)	(State)	(Zip)	(Home Phone)
he	ck box for the address yo	ou wish the Boa	rd to list as your primary address	
5.	Date of Birth		6. Soc. Sec. No.	
7.	Email Address			
3.	Cell phone			

8. Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere?    (Yes or No)	High S o Preper Educ	EDUC. 1. SUPPOSCHOOL OF ratory ation	ATION AND EXERVISED EDUC  Name of In	ATION  Institution	Year From	S Attended To  directly to Board by Colle	(Yes or No)  Date of Graduation	Course Completed
8. Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere?    If yes, list all below:   The or No)   The or No)   The or No)	High S o Preper Educe	EDUC. 1. SUPI School or ratory ation lege	ATION AND EXERVISED EDUC	ATION	Years From	s Attended To	(Yes or No)  Date of Graduation	Course Completed
8. Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere?    If yes, list all below:	High S o Preper Educe	EDUC. 1. SUPI School or ratory ation lege	ATION AND EXERVISED EDUC	ATION	NCE Year:	s Attended	(Yes or No)  Date of	Course Completed
Are you now a resident of Kentucky?  Name of State or Country  Basis * Credential Date Credential No. Expiriation 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.  ** 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?  (Res or No)  Names of technical or professional organizations to which you belong.  If yes, how many years?  (Res or No)  If yes, explain  (Res or No)  Name of Institution  Name of Institution  Years Attended  Date of Graduation  Course Completed Degree Conferredt  Preperatory  Education  College  Or	High S o Preper Educe	EDUC. 1. SUPI School or ratory ation lege	ATION AND EXERVISED EDUC	ATION	NCE Year:	s Attended	(Yes or No)  Date of	Course Completed
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Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere?    (Yes or No)						·	(Yes or No)	
Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere?    Research   Professional Country   Professional Landscape   Professional Landscape   Professional Country   Prof						isdiction:	(V 1/ )	If yes, expla
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(Yes or No)  Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere?  If yes, list all below:  Name of State or Country  Basis * Credential Date Credential No. Expiration Date Credential Status  * Indicate examination basis as: W—Written, O—Oral, EE—Education and Experience, R—Reciprocity, GF—Grandfather Clause	** P	Please indic	cate if your credential is	in good stand				
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(Supe or Foreign Country) (Yes or No)		cs, list all t	ociow.				ucky or elsewhere?	(Yes or No)
Citizen of 7. If not a U.S. Citizen, have you made a declaration to become one?	Are If y	you crede	ntialed (license, registra	tion, etc.) as a	a Professional Landsca	pe Architect in Kent		

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. Time TITLE OF POSITION, EMPLOYER, CHARACTER, AND Name and address (with zip code) Date (Years and Months) DEGREE OF RESPONSIBILITY IN EACH ENGAGEMENT. of direct supervisor From and INCLUDE NATURE OF EMPLOYER'S BUSINESS In As Subordinate To Resposible (Describe key work features even if other material is attached.) Charge ote-Furnish additional information on education or experience on extra 81/2 x 11 sheets if necessary. Total Summarized by Applicant Date

Total as verified by Board

Signature of Applicant

### III. REFERENCES

Name	Address (include email address)	Occupatio	Business Relation to Applicant
	PLEDGE		
I do hereby certify that I ha	we read and familiarized myself with the prov	risions of KRS Chapter 323.	A and 201 KAR Chapter 10 and do
I do hereby certify that I ha eby subscribe to and agree to abid	we read and familiarized myself with the prov		
I do hereby certify that I ha eby subscribe to and agree to abid	we read and familiarized myself with the prove by the provisions therein.	Signa	A and 201 KAR Chapter 10 and do
eby subscribe to and agree to abid	we read and familiarized myself with the prov	Signa	ture of Applicant
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