

**Board for Architects, Professional Engineers, Land Surveyors, Certified
Interior Designers and Landscape Architects
LANDSCAPE ARCHITECT LICENSE APPLICATION INSTRUCTIONS**

All applicants must meet the current eligibility requirements at the time the completed application package is received at the Board office. Completed application package must include all required documentation, verifications, and fees. All forms must be legible. It is the applicant's responsibility to ensure the Virginia Board receives the completed package prior to the established deadline.

Completed application packages must include all required documentation and fees and can be faxed to (877) 340-9616 or mailed to:

Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233

For credit card payments use the [Credit Card Payment Form](#).

EXAMINATION ON BOARD REGULATIONS & STATUTES

Applicants for licensure or certification are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* prior to applying for licensure or certification. Pursuant to Regulation 18VAC10-20-85, all applicants for licensure or certification must achieve a passing score on a Board-supplied examination pertaining to the Board's regulations and relevant statutes. Once the application is received by the Board office, the examination will be forwarded to the applicant and must be completed and returned for scoring. Applicants will only be notified if they did **not** achieve a passing score on this examination.

REQUIREMENTS FOR LICENSURE

Examination Applicants

➤ Applying by **Examination***

- Landscape Architect License Application, application **fee**; and
- Experience Verification Form(s)** documenting the required experience.
- Landscape Architect Degree Verification Form(s) or official school transcript(s)**.
- Successfully pass a Board approved examination.

** A CLARB record may be submitted in lieu of degree and experience verification forms.

➤ **Reapplying** for Examination Eligibility

- *If an applicant's original exam eligibility period has expired, the applicant may reapply using this application. The original eligibility period must be expired (for **less than** 6 months) and the applicant must have taken at least one examination during the previous eligibility period. If the applicant does not meet these requirements, they are required to resubmit a new application along with a new application fee.*

➤ Applying by **Endorsement with a CLARB Certificate Record**

(for those who have been licensed in another state, jurisdiction, possession or territory of the United States)

- Landscape Architect License Application, application **fee**; and
- Council of Landscape Architect Registration Board (CLARB) Certificate Record that includes verification of current licensure in another state, jurisdiction, territory of the United States.

➤ Applying by **Endorsement without a CLARB Certificate Record**

(for those who have been licensed in another state, jurisdiction, possession or territory of the United States)

- Landscape Architect License Application, application **fee**; and
- Experience Verification Form to document all required experience;
- Degree Verification Form or official transcript; and
- Verification of Examination and Licensure Form to verify a passing grade on a nationally-recognized examination which leads to licensure as a landscape architect and verification of current licensure in another state, jurisdiction, territory of the United States.

➤ Applying to **Reinstate a license** (for those whose license expired **five or more** years ago)

- Landscape Architect License Application, reinstatement **fee**;
- Documentation showing successful completion of 16 hours of continuing education completed in the last 2 years; and
- Experience Verification Form to document experience from the **date of expiration** of the license to the **present**.

EXAMINATION

Additional information concerning the examination is available at:
Council of Landscape Architectural Registration Boards (CLARB)
1900 Reston Metro Plaza, Suite 600
Reston, Virginia 20190
Telephone: 571-432-0332
Website: www.clarb.org

**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 LANDSCAPE ARCHITECT LICENSE APPLICATION**

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed [credit card insert](#) must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

All applicants are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* available at: <https://www.dpor.virginia.gov/Boards/APELS> prior to applying for licensure.

Select the **one** method by which you are applying for a Virginia Landscape Architect License.

X	Method of Licensure	Trans	Fee
<input type="checkbox"/>	By Examination	1005	\$150.00
	Is this the first time you have applied in Virginia to take the exam? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/>	By Endorsement	1021	\$150.00
	Are you applying with a CLARB Certificate Record? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/>	Reinstatement of VA Landscape Architect License that expired 5 or more years ago	4020	\$490.00

1. Have you **ever** held a **Virginia Landscape Architect License or certification**?

No ☐

Yes ☒ If yes, provide the license number and expiration date below

VA License Number

0	4	0	6						
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 Expiration Date _____

❖ If the license **expired more than 6 months ago, but less than 5 years**, you are required to **reinstate** the Virginia Landscape Architect License by completing a *Landscape Architect License Reinstatement Application*.

DO NOT COMPLETE THIS LICENSE APPLICATION.

❖ For a Landscape Architect license that **expired 5 or more years ago**, you are required to complete this application and pay the reinstatement fee.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

 Last (required) First (required) Middle Generation

3. Provide **one** of the following identification numbers*:

☐ Social Security Number and/or

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☐ **Virginia** DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth _____
 MM/DD/YYYY

5. Maiden or Former Name(s) _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					0406	

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

 City State Zip Code

7. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

 City State Zip Code

⇒ If you are using your business address, please include business name, full street address and any floor or suite numbers.

8. Contact Numbers

 Primary Telephone Alternate Telephone

9. Email Address

 Email address is considered a public record and will be disclosed upon request from a third party.

10. Are you re-applying for **exam eligibility**?

No ☐

Yes ☐ If yes, review the requirements below and then skip to question #15.

Requirements for re-applying for exam eligibility:

*The original eligibility period must be expired (for **less than** 6 months) and the applicant must have taken at least one examination during the previous eligibility period.*

11. Are you applying to **reinstate** a license?

(Reinstating a Virginia license that has **expired 5 or more years ago.**)

No ☐

Yes ☐ If yes, provide the following information and then skip to question #15:

1) Training certificates or other documentation showing successful completion of 16 hours of CE requirements; and 2) Landscape Architect Experience Verification Form(s) documenting the required experience from the time of expiration to the present.

➤ The board will evaluate the application and all supporting documents to determine if the applicant remains **qualified** to be a regulant of the board.

Skip to question #15.

12. **EDUCATION** - Complete the following table for your educational experience:

	Institution	Degree (BS, BA...)	Major	MM/YY Completed
Bachelors				
Masters				
Ph.D.				

Continue to next page.

13. Are you applying through endorsement?

No ☐ If no, continue on to question #14.

Yes ☐ If yes, complete the following questions and then skip to question #15:

1. Are you applying **with a CLARB Certificate**?

☐ No If no, provide the following documentation:

- a. Landscape Architect Experience Verification Form(s) documenting the required training/ experience of a minimum of three years or more, depending on your education;
- b. A Landscape Architect Degree Verification Form or original official school transcript.
- c. Verification of Examination and Licensure Forms from each jurisdiction in which you passed an landscape architect examination and currently hold a Landscape Architect License, Certification or Registration.

☐ Yes If yes, the CLARB Certificate Record must be transmitted directly to the Board office.

2. List all current **Landscape Architect** Licenses, Certifications and Registrations you hold in another state, jurisdiction, possession or territory of the United States (Then skip to question #15.)

State/Jurisdiction	Did you pass a written exam?	License, Certification or Registration Number	Expiration Date
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

14. Do you have a LAAB-accredited degree?

No ☐ If no, you must submit the following documents:

- a. Official school transcript(s)*
- b. Completed Landscape Architect Experience Verification Form(s) for Examination and Endorsed Applicants documenting a minimum of 8 years of combined education and experience in accordance with regulation 18VAC10-20-420.2*

Yes ☐ If yes, you must submit a completed Degree Verification Form or official school transcript(s)*

* A CLARB record may be submitted in lieu of the Board's education and experience forms.

15. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

16. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

17. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 4, of the *Code of Virginia* and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Signature _____ Date _____

LANDSCAPE ARCHITECTURE REVIEW SUMMARY SHEET

Applicant's Name _____ Review No. _____

APPLICANT'S USE				BOARD USE			
COLLEGE & UNIVERSITIES		YEARS ATTENDED	DEGREE	CATEGORY	CREDITS EDU TRAINING		COMMENTS
EDUCATION							
				TOTAL			
LIST EMPLOYERS		FULL TIME	PART TIME	CATEGORY	CREDITS EDU TRAINING		COMMENTS
TRAINING							
				TOTAL			
ACTION							
REINSTATE/EXAM/LICENSE	APPROVE	INCOMPLETE	INITIALS	DATE	COMMENTS		
BOARD MEMBER							

Comments: _____