

Landscape Architect

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

-
1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
-
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
-
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
-
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?
-

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

EDUCATION AND EXAM REQUIREMENTS

Select one:

- I have requested CLARB submit my current Council Record documenting my education and/or experience.
Date Requested: _____
- I have a degree in landscape architecture accredited by LAAB.
Submit official transcripts documenting your degree. Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
- I have completed 8 years of supervised practical experience in landscape architecture.
Submit documentation of completing the required hours using the "Verification of Landscape Architectural Experience" form and/or transcripts.

If you did not select "CLARB Council Record" above, please select one:

- I passed the LARE in Utah. *Approximate date range of passing ALL Divisions:* _____
- I passed the LARE in a state other than Utah. *Request the state send verification of your scores to Utah.*
Date Requested: _____

Verification of Landscape Architectural Experience

**Note: Supervised practical experience must meet the requirements outlined in R156-53-302a (b).
Each supervisor must complete a separate form.*

APPLICANT INFORMATION

To Be Completed by the Applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number (if applicable) : _____ **State of Issue:** _____

Dates of Employment: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Approximate Number of Hours Worked Per Week: _____ **Total Hours Worked:** _____

I certify that during the dates and hours listed above I completed the required qualifying experience as outlined in R156-53-302a (b).

Signature of Applicant: _____ **Date:** _____

EMPLOYER INFORMATION

To Be Completed by the Supervising Landscape Architect:

Please review the information above, complete the sections below, sign and seal the document and submit directly to DOPLbureau5@utah.gov.

Is the information provided above by the applicant correct? Yes No, please attach an explanation.

Name of Supervisor: _____

Title: _____ **Date:** _____

Phone: _____ **Email:** _____

License Number: _____

State of Issue: _____

(Seal and Signature)

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- \$120.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- If reinstating an expired license, documentation that you have completed 16 hours of continuing education in the last two years.

APPLICANTS WITH A CURRENT CLARB COUNCIL RECORD

If you are applying with a **current CLARB Council Record**, *in addition* to the items required for all applicants, you must:

- Request that CLARB submit your current Council Record to Utah. To obtain an CLARB Council Record contact CLARB by calling (571) 432-0332 or visit the web site at www.clarb.org.

APPLICANTS WITHOUT A CLARB COUNCIL RECORD

If you are applying for a Utah license **without a council record**, *in addition* to the items required for all applicants you must:

- Provide verification of meeting licensure education requirements selected on Education and Exam Requirements page of this application.
- Provide verification of passing all division of the LARE through the methods below:
 - If passed in Utah, your scores are automatically provided by the testing provider.
 - If passed in a state other than Utah, request the state send verification of your scores to Utah.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741