COMMONWEALTH OF KENTUCKY

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(Date of Action)

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_____, 20____
(Date of Action)

Registration No. _____
_____
Section of Law
_____, 20____
(Effective Date)

KENTUCKY BOARD OF LANDSCAPE ARCHITECTS
163 West Short Street, Suite 351
Lexington, KY 40507
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	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 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.

Securely affix a photograph taken within the last 30 days.

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

I. PERSONAL DATA

1. Full Name (or as you wish it on Certificate of Registration)

_____
(First) *(Middle)* *(Last)*

2. Company Name _____

3. Business Address ☐ _____
(Street and Number)

_____
(City) *(State)* *(Zip)* *(Business Phone)*

4. Residence Address ☐ _____
(Street and Number)

_____
(City) *(State)* *(Zip)* *(Home Phone)*

Check box for the address you wish the Board to list as your primary address.

5. Date of Birth _____ 6. Soc. Sec. No. _____

7. Email Address _____

8. Cell phone _____

6. Citizen of _____ . 7. If not a U.S. Citizen, have you made a declaration to become one? _____
(State or Foreign Country) *(Yes or No)*

8. Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere? _____
(Yes or No)
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. 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).

9. Are you now a resident of Kentucky? _____ If yes, how many years? _____
(Yes or No)

10. Names of technical or professional organizations to which you belong.

_____

_____

11. 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 _____
(Yes or No)

_____

13. Have you been adjudged mentally incompetent by a court of competent jurisdiction? _____ If yes, explain
(Yes or No)

_____

_____

II. EDUCATION AND EXPERIENCE

1. SUPERVISED EDUCATION

	Name of Institution	Years Attended		Date of Graduation	Course Completed or Degree Conferred†
		From	To		
High School or Preperatory Education					
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 To	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)* As Subordinate	In Resposible Charge	Total Time	Name and address (with zip code) of direct supervisor

Note—Furnish additional information on education or experience on extra 8½ x 11 sheets if necessary.

	As Subordinate	In Resposible Charge	Total Time
Total Summarized by Applicant			
Total as verified by Board			

____
Signature of Applicant

____
Date

III. REFERENCES

List below at least five (5) individuals who are not relatives, three (3) of whom shall be credentialed Professional Landscape Architects, to whom the Board may apply for information in regard to your character and professional ability.

Name	Address (include email address)	Occupation	Business Relation to Applicant

PLEDGE

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

_____
Signature of Applicant

AFFIDAVIT

(To be made before a Notary Public, or other official qualified by law to administer oaths.)

STATE OF _____ , COUNTY OF _____ , ss.

On this _____ day of _____ 20 _____ , before me personally appeared

_____

known to me to be the person herein described, and signed the foregoing form of application, and on oath swears (or affirms) that all the statements herein made are true to the best of his/her knowledge and belief.

_____
Notary

NOTARY SEAL My Commision Expires: _____