



LOUISIANA LANDSCAPE ARCHITECT EXAMINATION

SECTION I.

NAME	MR.	MS.	MRS.													PHONE								
FIRST													BUSINESS PHONE											
MIDDLE																								
LAST																								
SUFFIX													E-MAIL ADDRESS											

DATE OF BIRTH *							SOCIAL SECURITY NO.						
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* All applicants for licensure or permitting under the provisions of L.R.S. 3:3801 et seq., must have attained their eighteenth (18th) birthday.

MAILING ADDRESS																			
CITY													STATE		ZIP CODE				

PLEASE CHECK IF RETAKE

LOUISIANA LANDSCAPE ARCHITECT EXAMINATION FEE: \$200.00

RETAKE FEE: \$100.00

NOTE: You have 90 days from the time of application in which to take exam or your exam fee will be forfeited. Make check or money order payable to Louisiana Horticulture Commission.

1. APPLICANTS WITHOUT A CLARB RECORD MUST COMPLETE THE ENTIRE APPLICATION AND PROVIDE ANY NECESSARY INFORMATION REQUESTED ALONG WITH THE APPLICATION, SIGNED, DATED AND NOTARIZED, WITH THE APPROPRIATE FEES.
2. APPLICANTS LICENSED IN ANOTHER STATE WILL NEED TO HAVE THE STATE OF INITIAL LICENSURE SEND A CERTIFIED COPY OF YOUR CLARB SCORES, ALONG WITH PROOF OF CURRENT LICENSE STATUS; OR, HAVE YOUR CLARB COUNCIL RECORD TRANSMITTED TO US FROM CLARB.
3. RETAKE APPLICANTS NEED TO COMPLETE SECTION I ONLY, SIGN AND DATE BELOW AND RETURN THIS SHEET WITH THE APPROPRIATE FEES.
4. YOU MAY OMIT SECTIONS III & IV IF YOU HAVE CLARB CERTIFICATION OR A COUNCIL RECORD AND THE INFORMATION REGARDING EDUCATION AND EXPERIENCE IS CONTAINED IN THAT RECORD. PLEASE HAVE YOUR SCORES TRANSMITTED FROM CLARB WITH THIS APPLICATION.

SIGNATURE	DATE				
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OVER THE RECEIVED

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. \$.00

SECTION II.

EXAM- ALL NEW APPLICANTS COMPLETE THIS SECTION.

HAVE YOU OBTAINED A PASSING SCORE ON ALL PARTS OF THE CLARB NATIONAL EXAMINATION (LARE) OR AN EXAM APPROVED BY CLARB FOR LANDSCAPE ARCHITECTS? YES NO

EXAMINATION PASSED: CLARB OTHER-ENTER EXAM NAME _____

DATE PASSED: _____

IF YOU HAVE PASSED ALL SECTIONS OF THE CLARB NATIONAL EXAMINATION OR A SIMILAR EXAMINATION, ARRANGE FOR THE COMMISSION OFFICE TO RECEIVE A CERTIFICATE OR OTHER EVIDENCE OF YOUR PASSING SCORE. THE JURISDICTION WHERE YOU TOOK THE EXAM MAY SEND VERIFICATION *DIRECTLY* TO THE COMMISSION OFFICE, OR YOU MAY REQUEST AN EXAMINATION VERIFICATION OR CLARB COUNCIL RECORD FROM www.clarb.org.

SECTION III.

ENTER THE FOLLOWING INFORMATION ABOUT YOUR EDUCATION.

COLLEGE / UNIVERSITY	MAJOR	DATES ATTENDED		DEGREE & DATE CONFERRED
		FROM	TO	

ARRANGE FOR THE COMMISSION OFFICE TO RECEIVE AN OFFICIAL TRANSCRIPT(S) DIRECTLY FROM THE COLLEGE OR UNIVERSITY TO THE COMMISSION OFFICE.

SECTION IV.

EXPERIENCE: START WITH MOST RECENT POSITION AND WORK BACKWARDS. ATTACH ADDITIONAL SHEETS AS NEEDED.

DATE FROM	DATE TO	STATE NATURE, CHARACTER & MAGNITUDE OF WORK. NAME, TITLE & LICENSE OF SUPERVISOR. DESCRIPTION OF KEY WORK FEATURES	PART-TIME* TIME EMPLOYED	FULL-TIME TIME EMPLOYED	NAME, PHONE & FULL ADDRESS OF EMPLOYER

* INDICATE NUMBER OF HOURS WORKED PER WEEK FOR EACH ENTRY.

AFFIDAVIT

STATE OF _____, COUNTY OR PARISH OF _____.

ON THIS _____ DAY OF _____, _____, BEFORE ME PERSONALLY APPEARED

_____ KNOWN TO ME TO BE THE PERSON

HEREIN DESCRIBED, AND AS HAVING SIGNED THIS APPLICATION, AND ON OATH AFFIRMS THAT ALL THE STATEMENTS

HEREIN MADE ARE TRUE.

Notary Public

(SEAL)

Signature of Applicant