



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Horticulture Commission, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

LOUISIANA LANDSCAPE ARCHITECT EXAMINATION

\*5626\*

SECTION I.

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

DATE OF BIRTH \*       SOCIAL SECURITY NO.

\* 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: CANCELLATIONS NOT RECEIVED PRIOR TO EXAM DATE WILL FORFEIT EXAM FEE.

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

EXAM APPLICATION FEE 0130 1595 01 1206 \_\_

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](http://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