

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

## 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 authorization to work 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

**Read thoroughly, and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility ( <i>domestic or foreign</i> ) in any jurisdiction or on probation/parole in any jurisdiction?*

**\*NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- personal account of the incident(s)
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

## 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: \_\_\_\_\_

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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 mail it directly to DOPL or place the completed form in a **sealed envelope** and provide it to the applicant to include in their application to Utah.

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:

- \$110.00 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](http://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, 1<sup>st</sup> 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