

OREGON STATE LANDSCAPE ARCHITECT BOARD

Voice: (503) 589-0093 Fax: (503) 485-2947

Oslab.info@state.or.us

Member of the COUNCIL OF LANDSCAPE ARCHITECTURAL REGISTRATION BOARDS (CLARB)

Application for Landscape Architect Registration Examination (L.A.R.E.)

Please check appropriate box(es): **Section C** **Section E**

Your application must include an *official transcript*, with your degree posted, Employment Verification of Practical Experience and all required fees.

INFORMATION (Please print or type)

Examination Date: Section C _____ Section D _____

Preferred mailing address:

Home

Business

Name _____

Home Address _____

City/State/Zip _____

Phone _____ E-Mail _____

***Social Security Number** _____ **Date of Birth** _____

*As part of your application for an initial or renewed occupational, professional, or recreational license, certification, or registration issued by the Oregon State Landscape Architect Board (OSLAB), you are required to provide your Social Security Number to OSLAB. *This is mandatory.* The authority for this requirement is Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC ~ 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification or registration you seek. Although a number other than your Social Security Number appears on the face of any license, certificate, or registration issued by OSLAB, your Social Security Number will remain on file with OSLAB. *The record of your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.*

Business Name _____

Address _____

City/State/Zip _____

Phone _____ E-Mail _____

Fax _____ Web-site _____

Signature of Applicant _____ Date: _____

**OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE**

Received: _____ Amount _____

Entered on _____

Entered by _____