

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

Application for Registration as a Landscape Architect

by reciprocity, CLARB Certificate # _____*

by completion of LARE exam and experience requirements**

*Your application packet must contain this form, a Statement of Understanding, official transcripts*** and fees.*

INFORMATION (Please print or type)

Date: _____

Preferred mailing address:

Home

Business

Name _____

Home Address _____

City/State/Zip _____

Phone _____ E-Mail _____

+Social Security Number _____ DOB _____

+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 the 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 the licenses, certificates, or registrations issued by the OSLAB, your Social Security Number will remain on file with the OSLAB. *This 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: _____

Date: _____

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Received:

Amount _____

Entered on _____

Entered by _____

*Applicants with CLARB certification need complete this page only.

**Applicants *without* CLARB certification must complete the two-page application.

***Applicants previously submitting official transcripts do not need to provide another copy.

****Businesses offering landscape architecture must also be registered with OSLAB.

WORK EXPERIENCE:

 Applicant Name (Please Print)

Record must be continuous regardless of nature of employment. Enclose an **Employer Verification of Practical Experience** form (EVPE) for each place of employment listed below.

Business Name and Address	Contact Person, Phone & Email	Dates Employed

EXAMINATION HISTORY:

Please indicate which portions were passed, in which State or Province below. This office will mail any forms necessary to verify information provided.

Title of Exam Section	Date Passed	State

 Applicant Signature

Date