

OREGON STATE LANDSCAPE ARCHITECT BOARD

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

Application for Registration as a BUSINESS providing Landscape Architecture

INFORMATION (Please type or print)

Date: _____

*Business Name _____

Address: _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____ Web-site _____

FIN # _____

**Each business location must file separately.*

Please list here any partner, principal, director, or manager. Use a separate sheet of paper if additional space is needed.

Name _____ Title _____

License # _____ State of Issue _____ Expiration Date _____

Office/Branch location _____

Name _____ Title _____

License # _____ State of Issue _____ Expiration Date _____

Office/Branch location _____

Please list here any L.A. in responsible charge of the work. Use a separate sheet of paper if additional space is needed.**

Name _____ Title _____

License # _____ State of Issue _____ Expiration Date _____

Office/Branch location _____

Name _____ Title _____

License # _____ State of Issue _____ Expiration Date _____

Office/Branch location _____

**** Each person designated as being in responsible charge of the landscape architectural work shall file an Affidavit of Responsibility with this application.**

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Received:

Amount _____

Entered on _____

Entered by _____