

**OREGON STATE LANDSCAPE ARCHITECT BOARD**

707 13<sup>th</sup> Street SE, Suite 114, Salem, OR 97301

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**Application for Registration as BUSINESS providing Landscape Architecture\***

*\*and related professional services.*

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**① Business Information** *(Each business location must file separately and pay separate fees.)*

Business Type (check one):  Corp.  LLC  Partnership  Sole Propr.  Other \_\_\_\_\_

Business Name \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Mailing City/State/Zip (if different than above) \_\_\_\_\_

FIN # \_\_\_\_\_

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**② Business Officers/Registered Landscape Architect(s)**

List all primary officers of the business, where officer means “an individual owning, operating, or employed by the business entity in Oregon and having the authority on behalf of the business entity to enter into contracts for landscape architectural services and to otherwise make decisions regarding the execution and outcome of such services.” (OAR 804-035-0010) One or more of these officers must be designated as **Registered Landscape Architect\*\* in responsible charge** of landscape architecture services and decisions for the office. Use a separate sheet of paper if additional space is needed to list all primary officers.

Name \_\_\_\_\_ Title \_\_\_\_\_

License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Office/Branch location \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Office/Branch location \_\_\_\_\_

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**③ Statement of Responsibility\*\*** Submit with this application a *Statement of Responsibility* for the officer designated as being in responsible charge of the landscape architectural work at the office location listed in Section ①.

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**④ Services Description (For OSLAB information only, per ORS 671.318)**

Check all boxes that describe the primary landscape architectural services offered by the business at the office location listed in Section ①. Use the "Other" option to include services not otherwise listed.

site study/research/planning

planting/irrigation/site design

construction documents/specifications

construction phase services

Other \_\_\_\_\_

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**⑤ Signature and Certification** (*To be completed by head of business or business officer with appropriate authority.*)

**By my signature below, I hereby certify that I have read this application in its entirety, that the information provided herein and submitted herewith is true, complete, and accurate to the best of my knowledge, and that I am authorized to sign and submit this application and information on behalf of the above named business. I understand that the above named business must notify the board in writing within 30 days of any change in address, business status, or the status of any person designated herein as being in responsible charge of landscape architectural services and decisions of the business entity. I acknowledge that falsifying any information herein or supplying misleading, inaccurate, or withholding information herein are grounds for denial of this application and for potential disciplinary action.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

Title \_\_\_\_\_

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OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

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Received:

Amount \_\_\_\_\_

Entered on \_\_\_\_\_

Entered by \_\_\_\_\_