

OREGON STATE LANDSCAPE ARCHITECT BOARD

Salem OR 97301

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Fax (503) 485-2947

Email: oslab.info@state.or.us

RE-APPLICATION FOR L.A.R.E.

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

Applications must be postmarked 90 days before the examination date. Include current fees. Official transcript must be on file in the Board office to be eligible for either examination.

INFORMATION (Please type)

Exam Date: Section C _____ Section E _____

Name _____

Business Name _____

Address _____

Address: _____

City/State/Zip _____

City/State/Zip _____

Home phone _____

Business Phone _____

Preferred mailing address Home Business

Fax _____

E-Mail _____

DOB _____ Place of Birth _____

Date of last exam (mm/yyyy) _____

Signature: _____ Date: _____

* **Social Security Number** _____

* 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.*

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Received:

Amount _____

Entered on _____

Entered by _____