

OREGON STATE LANDSCAPE ARCHITECT BOARD

707 13th Street SE, Ste. 114, Salem, OR 97301

Phone (503) 589-0093 Fax (503) 485-2947

Email: oslab.info@state.or.us

L.A.R.E. APPLICATION

Please select exams: Section 3 Section 4

Applications must be postmarked 45 days before the CLARB registration deadline. Please include the \$50.00 application fee for each section. Official transcript and Employer Verification of Practical Experience Form must also accompany this form. (*if not already on file with the Board)*

INFORMATION (Please type)

Preferred mailing address: Home

Business

Name _____

Business Name _____

Home Address _____

Address: _____

City/State/Zip _____

City/State/Zip _____

Home phone _____

Phone _____ 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 _____