

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

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

Please check appropriate box(es): 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 applied for. Official transcript and Employment Verification Form must be on file in the Board office to be eligible for either examination.

INFORMATION (Please type) Exam Date: Section 3 _____ Section 4 _____

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 (last 5 digits ONLY)** _____

* The Council of Landscape Architectural Registration Boards (CLARB) uses the partial number as part of your candidate ID and requests that OSLAB provide this information when approving applications to sit for examination.

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Received: Amount _____

Entered on _____

Entered by _____