

OREGON STATE LANDSCAPE ARCHITECT BOARD

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Email: oslab.info@bgelab.oregon.gov

APPLICATION for EXAMINATION PRE-APPROVAL

Aside from the \$100.00 application fee, all applications must be accompanied by an official university transcript unless the transcript was previously submitted to the Board. Completed Verification of Experience forms must also accompany the application to show sufficient work experience to meet Board requirements to sit for examination.

INFORMATION (Please type or print clearly)

1st Requested Examination Date: _____

Legal Name _____

Business Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home phone _____

Business Phone _____

Preferred mailing address: Home Business

Fax (if applicable) _____

Preferred e-mail address: _____

Date of birth: _____

Signature: _____

Date Signed: _____

Deadline:

- Applications must be received **30** days before the Council of Landscape Architectural Registration Boards (CLARB) registration deadline for the requested first examination date.

* **Social Security Number (last 5 digits ONLY)** _____

*CLARB uses this 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:

Payment type: _____