

OREGON STATE LANDSCAPE ARCHITECT BOARD

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Phone: (503) 589-0093

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Member of the COUNCIL OF LANDSCAPE ARCHITECTURAL REGISTRATION BOARDS

Application for Initial Registration as a Landscape Architect

Preferred mailing address (Select One): Home _____ Business _____

Preferred email address (Select One): Home _____ Business _____

Legal Name _____
(First, Middle Initial, Last)

Gender Female Male Non-binary/Other Choose Not to Answer

Home Address _____

City/State/Zip _____

Phone _____ Preferred E-Mail _____

+Social Security Number _____ DOB _____

+ As part of your application for an initial license, certificate, or registration, or renewal of the same issued by the Oregon State Landscape Architect Board (OSLAB), you are required to provide your Social Security Number to this agency. The authority for this requirement is Oregon Revised Statute (ORS) 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), 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, certificate, or registration you seek. This record of your Social Security Number will be used for child support enforcement and tax administration purposes only unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the license, certificate, or registration issued by OSLAB, your Social Security Number will remain on file with this agency.

***Business Name (Indicate your current employer or name of your business. If currently unemployed, indicate this instead.)**

Name _____

Work Address _____

City/State/Zip _____

Phone _____

Instructions:

Applicants submitting a CLARB Council Record need to complete this page and page 3.

Applicants not submitting a CLARB Council Record must complete pages 1 - 3.

Applicants not submitting a CLARB Council Record must provide an official transcript to the Board.

An application fee is required and can be paid by check or online. See the Board's [fee rule](#) for the amount.

*Businesses providing landscape architecture services in Oregon must also be registered with OSLAB.

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Received:

WORK EXPERIENCE: Applicants not submitting a Council Record must provide work experience information. Use the table below, or if you need more space complete on a separate sheet of paper and attach that to your application. An **Employer Verification of Experience** form will be required from each supervisor listed below if you are using that experience to qualify for registration. Supervisors must provide forms directly to the Board office by mail or email.

Business Name and Contact Information	Supervisor Name, Regis. Type/#, and Contact Information	Dates Employed/Supervised	Full Time/Other

EXAMINATION HISTORY: Applicants not submitting a CLARB Council Record must contact either the licensure board where exams were passed or CLARB and request that exam scores be transmitted to OSLAB. Applicants that passed the exams as Oregon candidates are advised to check with OSLAB before requesting score transmittal; exam results should already be on file.

Title of Exam Section	Date Passed	State

EDUCATION HISTORY: Applicants not submitting a CLARB Council Record must submit an official transcript(s). “Official” means a transcript provided in a sealed envelope from the registrar’s office or sent directly to OSLAB by mail or email at oslab.info@bgelab.oregon.gov by the registrar’s office.

University	Dates Attended	Degree

**INITIAL REGISTRATION
ATTESTATIONS OF GOOD STANDING**

All applicants must complete this page.

I attest to all of the following:

- I am not currently the subject of a pending investigation, action or order by another licensure board for a matter related to landscape architecture practice.
- I do not have an action or order against me by another licensure board listed for violation or laws or rules, including unlicensed practice or title use, related to landscape architecture practice.
- I have not been found by any court or administrative body to have violated any ethical or professional standard in another jurisdiction for committing or omitting acts that could be a violation of the ethical or professional standards in Oregon Administrative Rules (OAR) Chapter 804.

CERTIFICATION

By signing below, I hereby certify and attest under penalty of perjury that:

- ❖ I have read this application in its entirety and that all of the information provided herein and documents provided therewith are true, complete, and accurate, to the best of my knowledge. I understand that the Board is relying upon the truth, accuracy, and completeness of such information in considering my application.
- ❖ I have read and agree to adhere to all of the laws in Oregon that govern Registered Landscape Architects and the practice of landscape architecture including, but not limited to, Oregon Revised Statutes (ORS) 671.310 to 671.459 and Oregon Administrative Rules (OAR) Chapter 804.
- ❖ I acknowledge and understand that providing false, misleading, or inaccurate information on or with this application, or withholding material information, are grounds for denial of my application as well as potentially other action by OSLAB.

Applicant Signature

Date