

OREGON STATE LANDSCAPE ARCHITECT BOARD

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Member of the COUNCIL OF LANDSCAPE ARCHITECTURAL REGISTRATION BOARDS

Application for Registration as a Landscape Architect

- Reciprocity
- Initial Registration

INFORMATION (Please print or type) Date: _____

Preferred mailing address: Home Business

Name _____

Home Address _____

City/State/Zip _____

Phone _____ E-Mail _____

+Social Security Number _____ DOB _____

+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.*

*Business Name _____

Address _____

City/State/Zip _____

Phone _____ E-Mail _____

Fax _____ Web-site _____

Signature: _____ Date: _____

Notes:
 Applicants submitting a CLARB Council Record need complete this page only.
 Applicants not submitting CLARB Council Record must complete the two-page application.
 Applicants previously submitting official transcripts do not need to provide another copy.
 *Businesses offering landscape architecture must also be registered with OSLAB.

 OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Received:

WORK EXPERIENCE:

You may use the field below for listing work experiences or you may type in the information in a separate sheet of paper and attach that to this form. Please also enclose an **Employer Verification of Experience** form for each place of employment listed below.

Business Name and Address	Contact Person, Phone & Email	Dates Employed

EXAMINATION HISTORY:

Applicants not submitting a CLARB Council Record must contact either the State Board where exams were passed or CLARB and request that exam scores be transmitted to OSLAB. Applicants that passed the exams in Oregon are advised to check with OSLAB before requesting CLARB score transmittal, as their exam results may already be on file.

Title of Exam Section	Date Passed	State

 Applicant Signature

Date