



# ARKANSAS STATE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS

900 West Capitol  
Suite 400  
Little Rock, AR 72201  
Main (501) 682-3171

www.asbalaid.arkansas.gov  
asbalaid@arkansas.gov

## LANDSCAPE ARCHITECT ANNUAL RENEWAL APPLICATION

All certificates of registration shall expire on January 31 of each year and shall become inactive on February 1, unless renewed.

**IMPORTANT: The renewal fee of \$100 is non-refundable and MUST be RECEIVED in the Board office between JANUARY 1 - JANUARY 31 or be clearly POSTMARKED BY JANUARY 31 ANNUALLY.**

In order to continue your registration, you must complete all of the questions on this form and pay by check or money order. Make checks payable and mail to: ASBALAID, 900 West Capitol, Suite 400, Little Rock, AR 72201.

**Your cancelled check will serve as your receipt.**

Failure to properly renew your registration between January 1 and January 31 annually will result in a late fee(s) in addition to the \$100 renewal fee. If you practice with an expired license in the state of Arkansas, you will be subject to a civil penalty and other disciplinary actions as the board deems appropriate.

### 1. PERSONAL CONTACT INFORMATION ----- REQUIRED

Enter your individual license number:

Last Name:

Phone Number 1:

First Name:

Phone Number 2:

Middle Name:

Fax Number:

E-mail Address\*:

\*all e-mail correspondence will be sent to the address provided

Business Name:

Mailing Address:

City:

State:

Zip Code:

Country:

**IMPORTANT: Please check here if this is updated contact information.**

### THIS SECTION FOR BOARD'S USE ONLY

Name on Check:	<input type="text"/>				<input type="text"/>	
Check Date:	<input type="text"/>	Check Number:	<input type="text"/>	Check Amount:		<input type="text"/>
Review Date:	<input type="text"/>	Approved By:	<input type="text"/>	Denied By:		<input type="text"/>
				Renewal Date:		<input type="text"/>

## 2. CONTINUING EDUCATION AFFIDAVIT ----- REQUIRED

To complete this section, you must attest that you are in compliance with the current state of Arkansas continuing education requirements. A copy of the board's continuing education guidelines are available at <http://asbalaid.arkansas.gov>.

- I testify by checking the box to the left under risk of sanction that I am in full compliance with the board's current continuing education requirements. I also testify that I have read the Arkansas Architectural Act and Rules and Regulations. Additional documentation will be provided upon request. Note: Providing false information to the board is a direct violation of the board's rules and is subject to enforcement action.

***IMPORTANT: Documentation of continuing education shall be maintained by the landscape architect for six years from the date of award. Failure to provide documentation in the event that you are selected for random audit will result in a civil penalty and other disciplinary action as the board deems appropriate.***

## 3. CRIMINAL CONVICTION ----- REQUIRED

Have you been convicted of any crime, other than a minor traffic violation, that you have not reported to the board?

- No criminal conviction
- Yes Date of conviction:

If yes, provide explanation:

## 4. DISCIPLINARY ACTION ----- REQUIRED

Have you been investigated, charged, or disciplined since the filing of your last renewal, or are you currently under investigation by any governing or licensing board or by any state or federal agency?

- No disciplinary action
- Yes

If yes, provide explanation:

***IMPORTANT: "Disciplinary action" means any reprimand, fine, probation, suspension, revocation, cease and desist order, denial or registrations, or other action through which a person is sanctioned for a violation of laws relating to the practice of architecture or the regulation of architecture, including consent order, settlement, agreement, stipulation, or the like which incorporates such sanctions.***

**5. AFFIDAVIT STATEMENT ----- REQUIRED**

I testify by signing below under the risk of sanction that the information I have provided the board is accurate. I also testify that I have read the Arkansas Architectural Act and Rules and Regulations. Additional documentation will be provided upon request. Note: Providing false information to the board is a direct violation of the board's rules and is subject to enforcement action.

\_\_\_\_\_  
**Signature of Landscape Architect**

\_\_\_\_\_  
**Printed Name of Landscape Architect**

\_\_\_\_\_  
**Date**