



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

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

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asbalaid@arkansas.gov

EMERITUS LANDSCAPE ARCHITECT APPLICATION

Registrants, who are retired from the active practice of landscape architecture who are 65 years of age or older, may request emeritus status by filing this application showing compliance with this Board's Rules and Regulations. Emeritus status licensees are exempt from continuing education requirements unless they reactivate their license to active status.

All questions must be answered and signed and requested information provided. If not, your application and payment will be returned and your registration will not be processed. Make checks payable and mail to:

ASBALAID, 900 West Capitol, Suite 400, Little Rock, AR 72201.

Your cancelled check will serve as your receipt.

1. PERSONAL CONTACT INFORMATION ----- REQUIRED

| | | | | | |
|---------------------|----------------------|------------------|----------------------|--------------|----------------------|
| Last Name: | <input type="text"/> | Address: | <input type="text"/> | | |
| First Name: | <input type="text"/> | City: | <input type="text"/> | State: | <input type="text"/> |
| Middle Name: | <input type="text"/> | Country: | <input type="text"/> | Phone Number | <input type="text"/> |
| Social Security No. | <input type="text"/> | E-mail Address*: | <input type="text"/> | | |

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

Disclosure of your social security number is mandatory. Collection is authorized by the authority of Arkansas Act 1163 of 1997 and [42 U.S.C.A. 666(A) (13)]. The Arkansas State Board of Architects, Landscape Architects and Interior Designers must transfer all social security numbers (SSN) to the Arkansas Office of Child Support Enforcement for child support purposes. The SSN shall not be disclosed publicly and is exempt from open records requirement of the Freedom Information Act. Other disclosure of your SSN without consent is a Class B Misdemeanor.

2. REGISTRATION HISTORY

Are you currently registered in the State of Arkansas? Yes No License Number:

Is registration currently in good standing? Yes No

If no, explain

THIS SECTION FOR BOARD'S USE ONLY

| | | | | | |
|----------------|----------------------|---------------|----------------------|-----------------|----------------------|
| Name on Check: | <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"/> |
| | | | | License Issued: | <input type="text"/> |

3. AFFIDAVIT

If any answer to any of the following questions is "yes," please attach a detailed explanatory statement.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you practiced, or solicited landscape architectural work or represented yourself as an architect in the State prior to having been licensed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been disciplined by any occupational licensing board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you currently under investigation by any occupational licensing boards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your registration been denied, suspended or revoked in any jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you surrendered or allowed a registration to lapse in any jurisdiction due to any action pending or threatened? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you signed any legal document that settles a dispute or charges against you brought by a Registration Board or a Court of Law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you been found by a court or Registration Board to have violated the architectural registration laws or the professional/occupational laws of any jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you entered into a negotiated settlement with regard to professional or occupational registration laws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction? (If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are there any felony/criminal charges now pending against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The applicant agrees as follows:

- I will not represent myself as a landscape architect or offer to perform landscape architectural services in the state of Arkansas until this application is approved and a landscape architect's license has been granted by this board.
- No agent in my firm will offer to perform or contract to perform landscape architectural services in the state of Arkansas until the application process is completed and an architect's license has been granted by this board.
- I have read the Landscape Architectural Act and Rules/Regulations of the Arkansas State Board of Architects, Landscape Architects, and Interior Designers in which I am applying and I am qualified to practice architecture in the state of Arkansas.
- I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the forgoing statements and that they are made in good faith and are true in every respect.

Signature of Applicant

Printed Name of Applicant

Date

PLEASE INCLUDE A
RECOGNIZABLE
PHOTO IN THIS SPACE.

PHOTO MUST BE SIGNED
BY YOU AND DATED.
APPROXIMATE PHOTO
SAFE 2 1/2 x 2 1/2

4. NOTARIZATION. *To be made before a Notary Public or Official qualified by law to administer oaths.*

State of: _____ County of: _____

On this _____ day of _____ in the year _____, before me personally appeared _____, Applicant, known to me or satisfactorily proven to be the person herein described, and signed the foregoing Initial Application form, and on oath swears (or affirms) that all the statements herein made are true to the best of their knowledge and belief.

Date

Notary

My Commission Expires: _____

Notary Seal: