



# 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

## LANDSCAPE ARCHITECT INITIAL APPLICATION FOR LICENSURE

Every individual seeking landscape architectural registration shall submit this application to the Board, accompanied with the filing fee of \$250 established in Arkansas Code Annotated §17-15-311. Please have your CLARB council record transmitted to the Board office.

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"/>	Preferred Address for Correspondence*:	<input type="checkbox"/> Business	<input type="checkbox"/> Residence
First Name:	<input type="text"/>	<small>*all postal correspondence will be sent to preferred address provided</small>		
Middle Name:	<input type="text"/>	Business Affiliation:	<input type="text"/>	
Social Security No.	<input type="text"/>	Address:	<input type="text"/>	
<small>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.</small>		City:	<input type="text"/>	State: <input type="text"/>
Business Phone:	<input type="text"/>	Zip Code:	<input type="text"/>	
Residence Phone:	<input type="text"/>	Country:	<input type="text"/>	
Cell Number:	<input type="text"/>	Residence Address:	<input type="text"/>	
E-mail Address:	<input type="text"/>	City:	<input type="text"/>	State: <input type="text"/>
<small>*all e-mail correspondence will be sent to address provided</small>		Zip Code:	<input type="text"/>	
		Country:	<input type="text"/>	

### 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"/>
		License Issued:	<input type="text"/>			

**2. CITIZENSHIP**

United States Citizenship:  Birth  Naturalized

Other Citizenship:

**3. BIRTHDATE**

Birthdate:

Place of Birth:

Gender:  Male  Female

**4. REGISTRATION HISTORY**

Have you been previously registered?

Yes When?

No

Jurisdiction of original landscape architectural registration:

Is registration currently in good standing?  Yes  No *(If no, explain on supplemental sheet)*

Other Registrations: (Please use separate sheet if necessary)

Jurisdiction:  Registration No.:

Date Acquired:  Expiration Date:

Jurisdiction:  Registration No.:

Date Acquired:  Expiration Date:

Jurisdiction:  Registration No.:

Date Acquired:  Expiration Date:

Jurisdiction:  Registration No.:

Date Acquired:  Expiration Date:

Jurisdiction:  Registration No.:

Date Acquired:  Expiration Date:

## 5. EDUCATION AND EXPERIENCE

1. **EDUCATION:** List your educational background, degree rewarded and year of graduation.

Undergraduate Institution:   
*(Name, City, State)*

Degree Awarded:  Date:

Post Graduate Institution:   
*(Name, City, State)*

Degree Awarded:  Date:

2. **EXPERIENCE:** Start with your present position. In chronological order, show all history of work, school, military and other engagements. You must account for all periods of time. Use additional sheets if necessary.

Employer:   
*(Name, City, State)*

Position Held:  Dates:

Employer:   
*(Name, City, State)*

Position Held:  Dates:

Employer:   
*(Name, City, State)*

Position Held:  Dates:

3. **REFERENCES:** List below three (3) references who are not relatives or members of the Arkansas State Board of Architects, Landscape Architects, and Interior Designers who will provide the Board with information in regard to your character and professional ability and who has known you for a minimum of five (5) years.

Name:  Occupation:

Address:

Business Relation to Applicant:

Name:  Occupation:

Address:

Business Relation to Applicant:

Name:  Occupation:

Address:

Business Relation to Applicant:

**6. AFFIDAVIT**

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

- 1. Have you or any agent of your firm practiced, or solicited architectural work or represented yourself as an architect in the State prior to having been licensed?  Yes  No
- 2. Have you been disciplined by any occupational licensing board?  Yes  No
- 3. Are you currently under investigation by any occupational licensing boards?  Yes  No
- 4. Has your registration been denied, suspended or revoked in any jurisdiction?  Yes  No
- 5. Have you surrendered or allowed a registration to lapse in any jurisdiction due to any action pending or threatened?  Yes  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?  Yes  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?  Yes  No
- 8. Have you entered into a negotiated settlement with regard to professional or occupational registration laws?  Yes  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.  Yes  No
- 10. Are there any felony/criminal charges now pending against you?  Yes  No

The applicant agrees as follows:

- I will not represent myself as an architect or offer to perform architectural services in the state of Arkansas until this application is approved and an architect's license has been granted by this board.
- No agent in my firm will offer to perform or contract to perform 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 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

**6. 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: