



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**INSTRUCTIONS FOR PREPARING PROFESSIONAL
LANDSCAPE ARCHITECTURAL APPLICATION**

MISSOURI BOARD FOR ARCHITECTS,
PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND
PROFESSIONAL LANDSCAPE ARCHITECTS
3605 MISSOURI BLVD.
JEFFERSON CITY, MISSOURI 65109
TELEPHONE: 573/751-0047
FAX: 573/751-8046

PLEASE READ CAREFULLY

Before beginning to prepare your application, read it through part by part, including the affidavit, and be sure that you understand each part before typing in the information required.

PLEASE NOTE THAT ALL INFORMATION ON THE APPLICATION MUST BE TYPEWRITTEN.

Assemble all data necessary to enable you to complete the application. Please include the following documents:

The typewritten application with attached photograph of applicant in the blank space provided for that purpose on the first page of the application. If supplementary sheets are attached to your application, they must be 8½ x 11 inches and you must sign each sheet.

A check or money order made payable to the Missouri Board for Professional Landscape Architects with the required fee.

Prepare "Summary of Professional and Non-Professional Experience," in chronological order, in spaces provided for that purpose in Part VI of the application. Enter total at bottom of form. ALL applicants must account for 100% of their time, including military service, etc. **If you left the field of landscape architecture for any period of time, this time period and explanation of what you were doing MUST be included.**

Complete a **separate** "Professional Experience Form" for **each** landscape architect engagement (place of employment) and have the appropriate supervising professional landscape architects, supervisors and/or clients complete the "Verification of Supervising Professional Landscape Architect, Supervisor or Client" and **return them to the Board WITH your application.**

Proof of your graduation in the form of an **OFFICIAL TRANSCRIPT** of grades showing date of graduation and degree received, with the ink signature of the registrar and an impression of the school's embossing seal shall be included. **Photostatic copy of diploma or record of grades is not acceptable.** If the school you attended will not provide you with an official transcript, you may have the school send it directly to the Board office. Be sure to indicate on the application if your official transcript will be coming from your school.

Three reference letters. At least one of the reference letters must be from a licensed professional landscape architect. Two reference letters must be completed by a licensed professional landscape architect, licensed architect, or licensed professional engineer. PLEASE NOTE: Reference letters will not be accepted if they are dated more than six months prior to acceptance of your application for filing. Please provide an envelope marked "CONFIDENTIAL TO THE PROFESSIONAL TO WHOM PRESENTED" to the three professionals completing your professional letters of reference. The envelope shall also reflect your name. The professional must complete the reference letter, seal it in an envelope, **affix his/her signature across the seal of the envelope** and return it to you to be included with the application.

"Verification of Licensure" form forwarded to appropriate licensing board(s) in which you successfully completed all sections of the L.A.R.E. exam. (This form may be duplicated if needed.)

Having completed the entire application form and affidavit, check to see if you have signed your name in all spaces required, then mail your application (with fee, all certificates, verification of experience, summary of professional and non-professional experience and reference letters required) under first class postage to: Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects, 3605 Missouri Boulevard, Jefferson City, MO 65109.

Please bear in mind that the mailing of an application, even by certified mail, and its receipt by the Board does **NOT** mean that it is, or will be, filed. It may have to be returned for applicant's failure to include filing fee; all information required by any of its applicable parts; or, for failure to include all documents to be filed with the application.

Failure to include all documents and information required, or failure to follow instructions in filling out your application, will result in the return of your application WITHOUT filing.

It is your responsibility to keep a copy of the application for your files.

An application pending review will be retained for a period of one year from the date it was originally filed.

CLARB records are retained for a period of one year from the date of receipt.

Upon receipt of a completed application, it typically takes 30-60 days for processing pending the volume of applications awaiting review and receipt of CLARB documents. Processing time varies and a specific licensure date cannot be projected.

If licensure is granted, your initial license will be valid until December 31 of the current year. Refer to Statute 327.171RSMo as well as Board Rules 20 CSR 2030-11.010 and 20 CSR 2030-11.025 regarding renewal of your license.

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

You must provide your social security number pursuant to state and federal law.

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue child support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes;
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

NOTICE TO ALL APPLICANTS

Notice to all applicants who are employees or officers or directors of a professional corporation, general business corporation or a limited liability company having the practice of architecture and/or engineering and/or land surveying and/or landscape architecture as one of its purposes:

Section 327.401 of the Missouri Registration Law requires such corporations and/or limited liability companies to obtain a certificate of authority in each profession from this Board. If your corporation or limited liability company does not have a certificate of authority an application may be obtained by accessing the Board's website: <http://pr.mo.gov/apelsla>.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR LICENSURE AS A PROFESSIONAL
 LANDSCAPE ARCHITECT WITHOUT A CLARB COUNCIL
 RECORD**

APPLICATION NUMBER
PLA-

GENERAL INFORMATION - PLEASE READ BEFORE PREPARING APPLICATION

INSTRUCTIONS

- ALL INFORMATION ON THIS FORM MUST BE TYPEWRITTEN
- REFER TO INSTRUCTION/CHECKLIST FOR ASSISTANCE IN COMPLETING THE APPLICATION
- ATTACH APPLICATION FILING FEE

METHOD OF LICENSURE

I HEREBY APPLY FOR LICENSURE TO PRACTICE LANDSCAPE ARCHITECTURE BY THE FOLLOWING METHOD:

1. BY EXAM, BASED ON **FIRST TIME LICENSURE IN MISSOURI:**

- PASSING ALL SECTIONS OF THE L.A.R.E. ADMINISTERED BY CLARB
- ACCREDITED DEGREE
- \$100 FILING FEE - NON-REFUNDABLE

2. BY **COMITY** BASED ON **LICENSURE IN ANOTHER STATE**

- \$200 FILING FEE - NON-REFUNDABLE

ATTACH

PHOTO

HERE

GENERAL INFORMATION INDICATE "CONTACT AT" ADDRESS BY CHECKING ONE OF THE BOXES BELOW

NAME (AS YOU WANT IT TO APPEAR ON YOUR LICENSE) (FIRST, MIDDLE, LAST)				SOCIAL SECURITY NUMBER		
RESIDENCE ADDRESS AS LISTED WITH THE U.S. POST OFFICE		APT. #	CITY	STATE	ZIP CODE	HOME TELEPHONE
<input type="checkbox"/>						
BUSINESS NAME			BUSINESS ADDRESS AS LISTED WITH THE U.S. POST OFFICE			
<input type="checkbox"/>						
CITY			STATE	ZIP CODE	BUSINESS TELEPHONE	
BIRTHPLACE (CITY & STATE)	DATE OF BIRTH	CITIZENSHIP		E-MAIL ADDRESS		

LICENSES IN OTHER STATES

1. HAVE YOU TAKEN THE UNE/LARE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ▶	HOW MANY TIMES	DATE(S) TAKEN	LOCATION (CITY, STATE)

Below list all licenses or certifications as a professional landscape architect you currently hold. Please attach additional information if needed.

STATE	DATE OF LICENSURE	LICENSE NUMBER	HOW LICENSED (WRITTEN EXAM, ORAL EXAM, RECIPROCITY, GRANDFATHER, EXPERIENCE, OTHER)

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this or any other state or of the United States whether or not sentence was imposed including suspended imposition of sentence, suspended execution of sentence and misdemeanor charges? If "YES", please attach a copy of the charges, findings, and order to this application.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
In any other licensing jurisdiction, have you been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on your ability to practice, or monetary penalty or payment of costs? If "YES", please attach a copy of the charges, findings, and order to this application.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY	CHECK DATE	CHECK NUMBER	AMOUNT

EDUCATIONAL RECORD

NAME OF INSTITUTION/CITY & STATE	YEARS ATTENDED FROM TO	GRADUATION DATE AND DEGREE CONFERRED
HIGH SCHOOL		

EDUCATION - LIST COLLEGE(S) OR CONTINUING EDUCATION BEGINNING WITH MOST RECENT

NAME OF INSTITUTION/CITY & STATE	YEARS ATTENDED FROM TO	GRADUATION DATE AND DEGREE CONFERRED

NOTE: Applicant must document proof of graduation in the form of a CERTIFIED TRANSCRIPT OF GRADES. Photostatic copies are not acceptable.

RELEVANT PROFESSIONAL REFERENCES

Below list three persons from whom you are requesting letters of reference. See instruction sheet for type of reference required. Do not use relatives or board members.

NAME	BUSINESS RELATION TO APPLICANT	
OCCUPATION	LICENSE INFORMATION (HOW REFERENCE WAS LICENSED, WHERE, WHEN, LICENSE NUMBER)	
REFERENCE ADDRESS		TELEPHONE NUMBER (BUSINESS)

NAME	BUSINESS RELATION TO APPLICANT	
OCCUPATION	LICENSE INFORMATION (HOW REFERENCE WAS LICENSED, WHERE, WHEN, LICENSE NUMBER)	
REFERENCE ADDRESS		TELEPHONE NUMBER (BUSINESS)

NAME	BUSINESS RELATION TO APPLICANT	
OCCUPATION	LICENSE INFORMATION (HOW REFERENCE WAS LICENSED, WHERE, WHEN, LICENSE NUMBER)	
REFERENCE ADDRESS		TELEPHONE NUMBER (BUSINESS)

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STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
SUMMARY OF PROFESSIONAL AND NON-PROFESSIONAL EXPERIENCE

INSTRUCTIONS

You are to summarize **all** of your experience, landscape architecture **and** non-landscape architecture, commencing **AFTER** you received your degree in landscape architecture.

ALL applicants must account for 100% of their time, including military service, etc. If you left the landscape architectural field for any period of time, for any reason, this time period and an explanation of what you were doing **MUST** be included.

The summary must be prepared in chronological order. Be sure you enter the total at the bottom of the summary sheet.

Engagement means Place of Employment.

RECORD OF:	DATE
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ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN

ENGAGEMENT NUMBER	DATE		NAME OF EMPLOYER AND TITLE OF POSITION	TIME	Name & complete address of licensed Professional Landscape Architect, Supervisor or Client who supervised your work
	FROM MO./YR.	TO MO./YR.		Total number of years and months at this engagement	
TOTAL ▶					



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
INSTRUCTIONS ON HOW TO EXECUTE – PROFESSIONAL EXPERIENCE

Attached are three copies of the “Professional Experience” Form. You are to fill in a **separate** “Professional Experience” form for **EACH** landscape architectural work engagement (place of employment). Time spent outside the field of landscape architecture need not be typed on this form. If more than three forms are needed, applicant may reproduce additional copies of the attached forms.

After you have listed each landscape architect engagement (place of employment) on a separate form, you must have the appropriate supervising professional landscape architect, supervisors or clients review the experience you are claiming and then complete the “Verification of Supervising Professional Landscape Architect, Supervisor or Client”.

AMOUNT OF LANDSCAPE ARCHITECT EXPERIENCE TO BE VERIFIED BY SUPERVISORS OR CLIENTS

1. 100% of all landscape architectural work experience acquired **AFTER** applicant received his/her degree in landscape architecture.
2. If you are a President or Vice-President of a firm or if you are self-employed, 15 years of experience must be verified by at least three major clients.

IMPORTANT

An applicant’s landscape architectural experience record is evaluated from information furnished by the applicant as well as by corroborative testimony from an applicant’s employers, references and clients. For this reason, an applicant’s experience record must be set out in such a manner that a clear determination can be made as to what type of work you have actually performed in each work engagement. For each engagement you should set forth typical major projects on which you have worked. For each project you list, you should describe the scope of the project (what it involved) and your duties and responsibilities on that project; e.g., number of employees supervised, if any, design responsibilities, duration of project, etc. **This information is required of all applicants.**



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
PROFESSIONAL EXPERIENCE

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS

THIS FORM MAY BE REPRODUCED

APPLICANT'S NAME	APPLICANT'S SIGNATURE
EMPLOYER FOR THIS ENGAGEMENT	EMPLOYER TELEPHONE NUMBER
EMPLOYER ADDRESS	

INSTRUCTIONS (ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN. FAXED, SCANNED OR PHOTOCOPIES ARE NOT ACCEPTABLE)

1. List number of engagement, dates of employment, title of position, character and description of your work and total amount of time. (If you are a president or vice president of a firm or if you are self-employed, experience must be verified by at least **three** of your major clients. A separate "Professional Experience" Form should be filled out for each client.)
2. Have supervising licensed Professional Landscape Architect, supervisor or client, complete verification below.
3. A **separate** sheet **must** be used for **each** work engagement or client.

ENGAGEMENT NUMBER	DATE		TITLE OF POSITION, NAME OF EMPLOYER, CHARACTER AND DESCRIPTION OF EACH ENGAGEMENT. State definitely the CHARACTER AND DESCRIPTION of your work. Any necessary amplifications may be made on extra sheets of paper attached to this sheet. You MUST state clearly what you did.	TIME
	FROM MO./YR.	TO MO./YR.		TOTAL NUMBER OF YEARS AND MONTHS AT THIS ENGAGEMENT

VERIFICATION OF SUPERVISING PROFESSIONAL LANDSCAPE ARCHITECT, SUPERVISOR OR CLIENT

By my signature, I hereby verify that the above record of experience of this candidate is to the best of my knowledge and belief a true and accurate record of his/her work experience.

SUPERVISING PROFESSIONAL LANDSCAPE ARCHITECT, SUPERVISOR OR CLIENT'S NAME (PLEASE PRINT)

SIGNATURE	DATE
-----------	------

PLEASE GIVE YOUR LICENSE NUMBER AND WHICH STATE YOU ARE LICENSED IN

HOW LONG HAVE YOU BEEN ACQUAINTED WITH THE APPLICANT AND IN WHAT CAPACITY?

COMMENTS:

MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, INSTITUTES OR LICENSURE IN OTHER PROFESSIONS

NAME OF ORGANIZATION	LOCATION	MEMBER SINCE	ORGANIZATION DESCRIPTION OFFICES HELD	

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

AFFIDAVIT

STATE OF	NAME OF APPLICANT	
COUNTY OF	SS. BEING FIRST DULY SWORN, DEPOSES AND SAYS, I, THE APPLICANT NAMED IN THIS APPLICATION, HAVE READ THE CONTENTS HEREOF, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL STATEMENTS HEREIN CONTAINED ARE TRUE IN SUBSTANCE AND EFFECT AND TO THEM I PLEDGE MY GOOD FAITH.	
SEAL	BY MY SIGNATURE, I CERTIFY THAT I HAVE READ THE MISSOURI LAW REGULATING THE PRACTICE OF ARCHITECTURE, PROFESSIONAL ENGINEERING, PROFESSIONAL LAND SURVEYING AND PROFESSIONAL LANDSCAPE ARCHITECTURE (MISSOURI REVISED STATUTES CHAPTER 327) AND RULES OF THE MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS, AND PROFESSIONAL LANDSCAPE ARCHITECTS. I DO FURTHER PLEDGE THAT IF GRANTED LICENSURE AS A PROFESSIONAL LANDSCAPE ARCHITECT, I WILL, AT ALL TIMES, CONDUCT MYSELF IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 327 REVISED STATUTES OF MISSOURI.	
	SIGNATURE OF APPLICANT	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS	DATE
	MY COMMISSION EXPIRES	DATE
	SIGNATURE OF NOTARY PUBLIC	



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
PROFESSIONAL LETTER OF REFERENCE

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

TO THE REFERENCE:

The person who handed this reference letter to you has applied to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects for licensure as a Professional Landscape Architect in Missouri, and uses your name as one familiar with the applicant's character, reputation and general ability covering certain phases of the landscape architecture work with which the applicant has been connected. Accurate testimony is desired concerning the applicant's experience, competency and character.

Will you please answer the questions below, without revealing your answers to the applicant, enclose the completed form in an envelope, SECURELY SEAL IT, affix your signature across the seal of the envelope, and then return it to the applicant.

Basic requirements of the law are that an applicant for registration be of good moral character, hold a degree in landscape architecture from an accredited school of landscape architecture and has acquired at least three years of satisfactory landscape architectural experience AFTER graduation.

You are requested to provide full information as to data you may be able to furnish, both for the advantage of the applicant and the welfare of the public.

You are therefore solicited by the Board to give your assistance in determining the applicant's fitness by answering frankly and carefully the questions, amplified by any supplemental information that you care to supply.

Please be advised that a copy of this reference letter may be provided to the applicant upon his/her request.

We appreciate the time and effort you have expended to assist the Board.

CONFIDENTIAL INFORMATION CONCERNING APPLICATION

APPLICANT'S FULL NAME

1. REFERENCE NAME	2. YOUR OCCUPATION/PROFESSION
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3. YOUR LICENSURE DATA

4. HOW LONG ACQUAINTED WITH THE APPLICANT AND IN WHAT CAPACITY?

5. WHAT HAS THE APPLICANT BEEN DOING IN THAT TIME?

6. OPINION OF THE APPLICANT'S CHARACTER AND REPUTATION	7. OPINION OF THE APPLICANT'S PROFESSIONAL ABILITY
--	--

8. OPINION OF THE APPLICANT'S EDUCATIONAL PROFICIENCY	9. ANY KNOWLEDGE OF THE APPLICANT'S DESIGN CAPABILITY
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10. FROM YOUR KNOWLEDGE, WHAT IMPORTANT OR RESPONSIBLE LANDSCAPE ARCHITECTURAL WORK HAS BEEN PERFORMED BY THE APPLICANT?

11. HAVE YOU HAD ANY PROFESSIONAL DEALINGS WITH THE APPLICANT IN OTHER THAN AN EMPLOYER/EMPLOYEE RELATIONSHIP?
 YES NO

12. WOULD YOU EMPLOY THE APPLICANT IN A POSITION OF TRUST AND RESPONSIBILITY?
 YES NO

13. IT IS MY OPINION THAT THE APPLICANT IS IS NOT QUALIFIED FOR LICENSURE AS A PROFESSIONAL LANDSCAPE ARCHITECT. IF YOUR ANSWER TO QUESTION(S) 12 AND/OR 13 IS NEGATIVE, PLEASE EXPLAIN IN "REMARKS" BELOW.

14. REMARKS OR ADDITIONAL DATA

IMPRESSION OF YOUR PERSONAL SEAL		
	REFERENCE SIGNATURE	DATE
	ADDRESS	



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
PROFESSIONAL LETTER OF REFERENCE

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

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APPLICANT'S FULL NAME

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3. YOUR LICENSURE DATA

4. HOW LONG ACQUAINTED WITH THE APPLICANT AND IN WHAT CAPACITY?

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7. OPINION OF THE APPLICANT'S PROFESSIONAL ABILITY

8. OPINION OF THE APPLICANT'S EDUCATIONAL PROFICIENCY

9. ANY KNOWLEDGE OF THE APPLICANT'S DESIGN CAPABILITY

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YES NO

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14. REMARKS OR ADDITIONAL DATA

IMPRESSION OF YOUR PERSONAL SEAL

REFERENCE SIGNATURE

DATE

ADDRESS



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
PROFESSIONAL LETTER OF REFERENCE

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

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CONFIDENTIAL INFORMATION CONCERNING APPLICATION

APPLICANT'S FULL NAME

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2. YOUR OCCUPATION/PROFESSION

3. YOUR LICENSURE DATA

4. HOW LONG ACQUAINTED WITH THE APPLICANT AND IN WHAT CAPACITY?

5. WHAT HAS THE APPLICANT BEEN DOING IN THAT TIME?

6. OPINION OF THE APPLICANT'S CHARACTER AND REPUTATION

7. OPINION OF THE APPLICANT'S PROFESSIONAL ABILITY

8. OPINION OF THE APPLICANT'S EDUCATIONAL PROFICIENCY

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YES NO

12. WOULD YOU EMPLOY THE APPLICANT IN A POSITION OF TRUST AND RESPONSIBILITY?

YES NO

13. IT IS MY OPINION THAT THE APPLICANT IS IS NOT QUALIFIED FOR LICENSURE AS A PROFESSIONAL LANDSCAPE ARCHITECT. IF YOUR ANSWER TO QUESTION(S) 12 AND/OR 13 IS NEGATIVE, PLEASE EXPLAIN IN "REMARKS" BELOW.

14. REMARKS OR ADDITIONAL DATA

IMPRESSION OF YOUR PERSONAL SEAL

REFERENCE SIGNATURE

DATE

ADDRESS



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE –
PROFESSIONAL LANDSCAPE ARCHITECT

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109
 (573) 751-0047 (573) 751-8046 FAX

FROM (STATE BOARD NAME)

ADDRESS

NAME OF APPLICANT (LAST, FIRST, MI)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

VERIFICATION INFORMATION

DATE APPLIED	DATE ISSUED	DATE EXPIRES	LICENSE NUMBER
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HAS THIS APPLICANT BEEN SUBJECT TO DISCIPLINARY ACTION?
 YES NO (If yes, please give details on an attached sheet)

METHOD OF LICENSURE

CLARB Certification

Reciprocity - From State of _____

Grandfather Clause

State Exam - (Attach details, i.e., subjects, length)

Oral Exam

Uniform National Exam (UNE) or Landscape Architectural Registration Examination (LARE)

Other (Explain) _____

NATIONAL EXAMINATION

UNE 1976 - 1985 AND TRANSITION 1986 - 1987	SCORE	DATE
A - History		
B - Professional Practice		
C - Design		
D - Design Implementation		

UNE 1986 - 1987	SCORE	DATE
1 - Professional Practice		
2 - Design		
3 - Design Application		
4 - Design Implementation		

UNE 1988 - 1991	SCORE	DATE
1 - Professional Practice		
2 - Design		
3 - Design Application		
4 - Design Implementation		
5 - Grading and Drainage		

L.A.R.E. 6/1992 - 6/1996	SCORE	DATE
1. Legal/Administrative Aspects of Practice		
2. Programming and Environmental Analysis		
3. Conceptualization and Communication		
4. Design Synthesis		
5. Integ. Tech./Design Requirements		
6. Grading and Drainage		
7. Implementation of Design through Const.		

L.A.R.E. 12/1996 - 12/1998	SCORE	DATE
1. Legal/Administrative Aspects of Practice		
2. Programming and Environmental Analysis		
3. Conceptualization and Communication		
4. Design Synthesis		
5. Integ. Tech./Design Requirements		
6. Grading and Drainage		

L.A.R.E. 6/1999 - 12/2005	SCORE	DATE
A. Legal/Administrative Aspects of Practice		
B. Analytical Aspects of Practice		
C. Planning and Site Design		
D. Struct. Considerations - Materials/Methods		
E. Grading, Drainage and Stormwater Mgmt.		

L.A.R.E. 4/2006 - 6/12	SCORE	DATE
A. Project and Construction Admin.		
B. Inventory, Analysis and Program Dev.		
C. Site Design		
D. Design and Construction Doc.		
E. Grading, Drainage & Stormwater Mgmt.		

L.A.R.E. 9/12	SCORE	DATE
1. Project and Construction Admin. (as of 9/12)		
2. Inventory and Analysis (as of 9/12)		
3. Design (as of 12/12)		
4. Grading, Drainage & Const. Doc. (as of 12/12)		

BY	BOARD SEAL
TITLE	DATE