



**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR REACTIVATION AS A
PROFESSIONAL LANDSCAPE ARCHITECT**

Complete this reactivation application only if your license is currently in an “inactive” status.

If you are in doubt regarding the status of your license please telephone the Board office at (573) 751-0047.

In addition to the required Reporting Form, attach copies of documents supporting completion of 24 continuing education units (CEUs) within the preceding two years. At least 16 CEUs shall be related to health, safety, and welfare (HSW) acquired in structured educational activities. Please refer to Continuing Education for Professional Landscape Architects on the Board’s website for information regarding continuing education units.

The application must be typewritten and all requested information must be provided.

Attach a check or money order in the amount of \$100 made payable to the Missouri Board for Professional Landscape Architects. The \$100 reactivation fee is non-refundable. Pending application files will be retained for one year.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR REACTIVATION OF A PROFESSIONAL
 LANDSCAPE ARCHITECT LICENSE**

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

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

NAME	LICENSE NUMBER
COMPANY NAME OR STREET ADDRESS	TELEPHONE NUMBER ()
STREET ADDRESS	E-MAIL ADDRESS - REQUIRED
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER - REQUIRED

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

I hereby respectfully apply for reactivation of my license as a professional landscape architect and for the purpose of securing such reactivation, state on my professional honor that I have not, since the last renewal of my license as a professional landscape architect, knowingly or willingly been guilty of a violation of any law of Missouri or any other state. I hereby certify that I have completed the CEU requirements as described in Statute 327.622 RSMo. (Documentation verifying completion of required CEUs must be submitted with this reactivation application.)

Dated this _____ day of _____, _____.

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON LICENSEE

	YES	NO
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 that you have not previously disclosed to this Board? If "YES", please attach a copy of the charges, findings and order to this application.		
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 that you have not previously disclosed to this Board? If "YES", please attach a copy of the charges, findings, and order to this application.		

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (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.*

SIGNATURE

Attach the \$100 reactivation fee in the form of a check or money order made payable to Missouri Board for Professional Landscape Architects.

FOR BOARD USE ONLY

CHECK DATE	CHECK NO.	AMOUNT
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PART II - SUMMARY OF CEUs	CEUs CLAIMED
(a.) Total of HSW CEUs earned during this reporting period	_____
(b.) Total of Elective CEUs earned during this reporting period	_____
(c.) Total CEUs carried forward from prior reporting period (not to exceed 12 CEUs)	_____
(d.) Total of (a.) and (b.), and (c.) above (must be a minimum of 24 CEUs)	_____
(e.) Total to be carried forward to next year [Total from (d.) minus 24 providing no more than a carry over of 12 may be claimed.]	_____

PART III - CERTIFICATION (CHOOSE ONE BY CHECKING APPROPRIATE BOX.)

<input type="checkbox"/> ACTIVE STATUS <p>I hereby certify the detailed list and summary of credits given above is correct and that I have earned the credits stated.</p> <p>Affix your seal, signature and date here:</p>	<input type="checkbox"/> INACTIVE STATUS <p>I elect to place my Missouri Professional Landscape Architect license in an inactive status. I fully understand that while my license is inactive I cannot practice or offer to practice landscape architecture in Missouri. I also understand the requirements/procedures as specified in Board Rule 20 CSR 2030-11.035 for changing the status of my license from inactive, and agree to abide by those procedures.</p> <p>Affix your seal, signature and date here:</p>
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Special circumstances for: a.) new licensees; and, b.) licensees serving honorably on full-time active duty in the military; and, c.) those wishing to have their licenses placed in an inactive status:

a.) A Professional Landscape Architect who holds licensure in Missouri for less than twelve (12) months from the date of his/her initial licensure, shall not be required to report continuing education hours at the first license renewal.

b.) If you have served honorably on active duty in the military (exceeding ninety consecutive days), you may apply for relicensure without completing the CEU requirement for the time period during which you served; however, you must submit a copy of your active duty orders and discharge papers.

c.) You may elect to not renew your license and to place your license in an inactive status. If so, no CEUs are required for this reporting period. However, you must read the above Certification on this form; place a check mark in the "Inactive Status" box; affix your seal, signature, and date in the space provided; and, then retain this form as part of your records.