



STATE OF MISSOURI

DIVISION OF PROFESSIONAL REGISTRATION

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS
AND PROFESSIONAL LANDSCAPE ARCHITECTS (APEPLSPLA)

**INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR
RELICENSURE - PROFESSIONAL LANDSCAPE ARCHITECT**

3605 MISSOURI BLVD., SUITE 380

JEFFERSON CITY, MO 65109

TELEPHONE: 573/751-0047

FAX: 573/751-8046

moapeplspla@pr.mo.gov

<https://pr.mo.gov/apelsla.asp>

This application is to be completed only if your license has "Expired". If you are in doubt regarding the status of your license, please call the Board office at (573) 751-0047.

All information requested on this application must be typewritten.

Your most recent four years of experience must be reported by completing the Experience Log.

If your license has been expired for a period of five years or longer, your experience must be verified by a supervising licensed Professional Landscape Architect, supervisor or client.

Faxed, scanned or photocopies of experience logs are **NOT** acceptable.

In addition to the Summary Log for Continuing Education Units, attach a copy of documents supporting completion of the continuing education required within the preceding two years of this application date.

Pursuant to Board Rule 20 CSR 2030-5.160, Applicants shall submit proof of receiving a passing score of 80% on the required State Exam covering Chapter 327, RSMo, the Board Rules and Ethics. To take this exam, please click here: <https://pr.mo.gov/apelsla-exam.asp>. In addition, proof of your passing score must be included with the application.

If you have served on full-time active duty in the military during the preceding two calendar years, you may apply for relicensure without completing the CEU requirement for the period during which you served; however, you must submit a copy of your active duty orders or discharge papers.

This application must be accompanied by a check or money order in the amount of \$200 made payable to the Missouri Board of Professional Landscape Architects. Fees must be drawn on a United States bank. Per Board Rule 20 CSR 2030-6.010 fees are nonrefundable.

Completed relicensure applications are processed in the order of receipt in as timely a manner as possible. Processing time varies depending on the volume of applications awaiting review and other responsibilities of the Board office.



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APPLICATION FOR RELICENSURE AS A PROFESSIONAL LANDSCAPE ARCHITECT

ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN (FAXED, SCANNED OR PHOTOCOPIES ARE NOT ACCEPTABLE) FOR APEPLSPLA USE ONLY
NAME NUMBER

ADDRESS

CITY, STATE, ZIP CODE TELEPHONE NUMBER

E-MAIL ADDRESS - REQUIRED LICENSE NUMBER SOCIAL SECURITY NUMBER - REQUIRED

TO: MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
3605 MISSOURI BLVD., SUITE 380
JEFFERSON CITY, MO 65109

I hereby apply for relicensure as a landscape architect under my original number _____, on the basis of information contained in my original application for license and on which my license was originally granted.

Please check the appropriate box below:

- ACTIVE (I hereby certify that I have successfully completed 24 continuing education units within the preceding two years of this application date. Documentation verifying completion of the required CEUs is submitted.)
INACTIVE (I hereby certify that I have not completed the required number of continuing education units within the preceding two years of this application date; therefore I am placing my license on an Inactive status.)

Lawful Presence: Pursuant to 8 U.S.C.A §1621, an individual must be lawfully present in the United States in order to obtain a license from the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects.

CITIZENSHIP: United States, Foreign
PROOF OF CITIZENSHIP (SELECT ONE): U.S. Birth Certificate, U.S. Naturalization, Passport, Real ID
FOREIGN CITIZENS PROOF OF LAWFUL RESIDENCY: F1 Student Visa, H1B Visa, Permanent Resident Card Expired - Extension Granted, U.S. Permanent Resident Card, Visa with stamped date of U.S. Entry

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON LICENSEE

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 submit a copy of the charges, findings and order with 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 submit a copy of the charges, findings and order with this application.

PURSUANT TO SECTION 42.051, RSMo

- 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?
2. If yes, would you like to receive information and assistance regarding veterans benefits and services?
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? General information may also be found at the Missouri Veterans Commission's website.

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.

I, the undersigned applicant for relicensure by the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects as a PROFESSIONAL LANDSCAPE ARCHITECT, on my oath, or affirmation, and the purpose of securing such relicensure, declare that the statements and representations made in the foregoing application are true.

SIGNATURE DATE



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**EXPERIENCE LOG –
 PROFESSIONAL LANDSCAPE ARCHITECT RELICENSURE**

THIS FORM MAY BE REPRODUCED

APPLICANT'S NAME	APPLICANT SIGNATURE
EMPLOYER FOR THIS ENGAGEMENT (PLACE OF EMPLOYMENT)	EMPLOYER TELEPHONE NUMBER
EMPLOYER ADDRESS	

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

Your most recent four years of experience must be reported.

List the engagement (place of employment), 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 experience log should be completed for each client.

Have a supervising licensed professional landscape architect, supervisor or client, complete verification below **ONLY** if your license has been expired for a period of five years or longer.

A **separate** sheet **must** be used for **each** engagement (place of employment or client. If additional sheets are necessary, please have the appropriate supervising licensed architect, supervisors or clients sign and date the attached sheets (if your license has been expired for a period of five years or longer.)

DATE		TITLE OF POSITION, NAME OF EMPLOYER, CHARACTER AND DESCRIPTION OF EACH ENGAGEMENT (PLACE OF EMPLOYMENT). STATE DEFINITELY THE CHARACTER AND DESCRIPTION OF YOUR WORK.	TIME
FROM MO/YR	TO MO/YR		TOTAL NUMBER OF YEARS AND MONTHS AT THIS ENGAGEMENT (PLACE OF EMPLOYMENT)

VERIFICATION OF SUPERVISING LICENSED PROFESSIONAL LANDSCAPE ARCHITECT, SUPERVISOR OR CLIENT
 (INFORMATION IN THIS SECTION DOES NOT NEED TO BE TYPEWRITTEN)

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

SIGNATURE	DATE
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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?

