



STATE OF MISSOURI
MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
**INSTRUCTIONS FOR PREPARING PROFESSIONAL LANDSCAPE
ARCHITECTURAL APPLICATION WITHOUT A CLARB COUNCIL RECORD**

3605 MISSOURI BLVD., SUITE 380
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.

We do not accept applications by fax or e-mail.

Required: 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.

Insert your photograph in the blank space provided for that purpose on the first page of the application.

Prepare "Summary of Professional and Non-Professional Experience," in chronological order, in spaces provided for that purpose. 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**. If additional sheets are included with your application, they must be 8½ x 11 inches and each sheet must be signed and dated by you and the person verifying your experience.

Applicant shall submit proof of graduation in the form of an official transcript of grades. **The transcript shall be forwarded directly to the Board office by the University. A copy of diploma or record of grades is NOT acceptable.**

"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 submit your application with fee, verification of experience and summary of professional and non-professional experience record form to: Missouri Board for Professional Landscape Architects, 3605 Missouri Boulevard, Suite 380, Jefferson City, MO 65109.

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 processing.

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.

Completed 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 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 327.621 RSMo as well as Board Rules 20 CSR 2030-11.010 and 20 CSR 2030-11.035 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

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

APPLICATION FOR LICENSURE AS A PROFESSIONAL LANDSCAPE ARCHITECT WITHOUT A CLARB COUNCIL RECORD

GENERAL INFORMATION - PLEASE READ BEFORE PREPARING APPLICATION

INSTRUCTIONS

- ALL INFORMATION ON THIS FORM MUST BE TYPEWRITTEN**
- REFER TO INSTRUCTIONS 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
- Per Board Rule 20 CSR 2030-5.160, your application must be accompanied by proof of receiving a passing score of 80% on the required State Exam covering Chapter 327, RSMo, the Board Rules and Ethics.

2. By **COMITY** based on **LICENSURE IN ANOTHER STATE**

- \$200 filing fee - Non-refundable
- Per Board Rule 20 CSR 2030-5.160, your application must be accompanied by proof of receiving a passing score of 80% on the required State Exam covering Chapter 327, RSMo, the Board Rules and Ethics.

Applicant must insert a photograph taken within the last 5 years. This application will not be filed unless your photograph is inserted in this space.

Use bust photo approximately 2 1/2 x 3 inches, with signature across bottom of photo.

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

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	MAIDEN NAME	SOCIAL SECURITY NUMBER
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PREFERRED NAME FOR LICENSURE DOCUMENTS AND SEAL

RESIDENCE ADDRESS AS LISTED WITH THE U.S. POST OFFICE	APT. #	CITY	STATE	ZIP CODE	HOME TELEPHONE
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BUSINESS (EMPLOYMENT) NAME	BUSINESS ADDRESS AS LISTED WITH THE U.S. POST OFFICE
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CITY	STATE	ZIP CODE	BUSINESS TELEPHONE
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BIRTHPLACE (CITY & STATE)	DATE OF BIRTH	CITIZENSHIP	E-MAIL ADDRESS
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EDUCATIONAL RECORD

NAME OF INSTITUTION, CITY & STATE	YEARS ATTENDED FROM TO	DATE OF GRADUATION AND DEGREE CONFERRED
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HIGH SCHOOL		
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EDUCATION - LIST COLLEGE(S) OR CONTINUING EDUCATION BEGINNING WITH MOST RECENT		

NOTE: The applicant must submit proof of graduation in the form of an OFFICIAL transcript of grades evidencing the date of graduation and degree received. The transcript shall be forwarded directly to the Board office by the University.

LICENSES IN OTHER STATES

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)

FOR BOARD USE ONLY

CHECK DATE	CHECK NUMBER	AMOUNT
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STATE OF MISSOURI

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

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

ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN

ENGAGEMENT NUMBER (PLACE OF EMPLOYMENT)	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 employment	
TOTAL ▶					



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INSTRUCTIONS ON HOW TO EXECUTE – PROFESSIONAL EXPERIENCE

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 experience forms are needed, applicant may reproduce additional copies.

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.**



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ENGINEERS, PROFESSIONAL LAND SURVEYORS AND
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PROFESSIONAL EXPERIENCE

THIS FORM MAY BE REPRODUCED

APPLICANT'S NAME	APPLICANT'S SIGNATURE
EMPLOYER	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 (PLACE OF EMPLOYMENT)	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 EMPLOYMENT

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
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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?

COMMENTS:

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

NAME OF ORGANIZATION	LOCATION	MEMBER SINCE	ORGANIZATION DESCRIPTION	
			OFFICES HELD	

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

	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? If "YES", please submit a copy of the charges, findings and order with this application.	<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 submit a copy of the charges, findings, and order with this application.	<input type="checkbox"/>	<input type="checkbox"/>
Are you engaged in the practice of landscape architecture at this time? If not, state present occupation:	<input type="checkbox"/>	<input type="checkbox"/>

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.

PLEDGE/AFFIDAVIT

Prior to licensure, I will not engage in any landscape architecture work in Missouri, except such as may be within the exemptions of the law, or under the direction of a licensed Landscape Architect in good standing and authorized to practice landscape architecture in Missouri.

I hereby make, and promise to keep, the following pledge while retaining the status of a Professional Landscape Architect in the state of Missouri to wit:

(a) I will obey the Constitution and laws of the United States of America, the Constitution and the laws of the state of Missouri, and the rules and regulations of the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects;

(b) I will discharge with diligence and fidelity the obligation of every professional employment in which I may engage within the state of Missouri or elsewhere;

I, the undersigned applicant for licensure 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 for the purpose of securing such licensure, declare that the statements and representations made in the foregoing application are true.

APPLICANT SIGNATURE	DATE



STATE OF MISSOURI
MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
VERIFICATION OF LICENSURE –
PROFESSIONAL LANDSCAPE ARCHITECT

3605 MISSOURI BLVD., SUITE 380
 JEFFERSON CITY, MISSOURI 65109
 TELEPHONE: 573/751-0047
 FAX: 573/751-8046

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 _____