

Regulatory and Criminal History

Have you ever been licensed in any other jurisdiction prior to Iowa? Yes No

If yes, please list the jurisdiction, original date of licensure and date of expiration:

If the license has expired, why are you no longer registered: _____

Have you ever:

- a. Practiced, or solicited landscape architectural work or represented yourself as a professional landscape architect in Iowa prior to having been licensed? Yes No
- b. Been convicted of a felony in any state, federal, or foreign jurisdiction? Yes No
- c. Had an initial or renewal application for a professional license of any type denied or refused? Yes No
- d. Had a professional license of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state or a federal agency? Yes No
- e. Surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction? Yes No

If you answered "yes" to any of the above questions please attach a narrative description of the details and submit copies of the orders or other records that document the event and the current status of the matter.

Affidavit

The applicant agrees as follows:

I will not represent myself as a professional landscape architect or offer to perform professional landscape architectural services in this jurisdiction until this application is approved and a professional landscape architect's license has been granted by this board.

I have read the Iowa Board's statutes and rules, which govern the activities of my license in Iowa and I am qualified to practice professional landscape architecture in Iowa.

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 license.

I hereby affirm/attend that all information provided on this entire application is true and correct to the best of my knowledge.

Signed: _____ Date: _____

DATE		ASSIGNMENT OR ENGAGEMENT	POSITION/ JOB TITLE	NAME & ADDRESS OF EMPLOYER
MO/YR to MO/YR		Describe work briefly, degree of responsibility and location of work assignment		
				NAME/TITLE OF SUPERVISOR
				Licensed Professional Landscape Architect number _____ in the state of _____.
DATE		ASSIGNMENT OR ENGAGEMENT	POSITION/ JOB TITLE	NAME & ADDRESS OF EMPLOYER
MO/YR to MO/YR		Describe work briefly, degree of responsibility and location of work assignment		
				NAME/TITLE OF SUPERVISOR
				Licensed Professional Landscape Architect number _____ in the state of _____.
DATE		ASSIGNMENT OR ENGAGEMENT	POSITION/ JOB TITLE	NAME & ADDRESS OF EMPLOYER
MO/YR to MO/YR		Describe work briefly, degree of responsibility and location of work assignment		
				NAME/TITLE OF SUPERVISOR
				Licensed Professional Landscape Architect number _____ in the state of _____.

Documentary Evidence/Cover Sheet

Each applicant for initial licensure shall submit proof of the statements made therein, by attaching documentary evidence to show the board that the applicant is clearly eligible under 544B, Code of Iowa. Evidence submitted shall be the total length of time and level of responsibility for the experience cited. Each submission shall provide a narrative that includes the name, dates, and location of the project, the level of responsibility assumed by the applicant and description of the work completed by the applicant. Evidence should be indicative of well-rounded experience and should include as many elements of the “practice of landscape architecture” as possible as defined in IAC 193D—subrule 2.2(1).

Five different examples are required. All documents submitted shall be 8 ½ X 11 and must contain the documentary evidence cover sheet.

Please attach a completed copy of this cover sheet to each work example.

APPLICANT NAME:

NAME OF PROJECT:

DATE OF PROJECT:

RESPONSIBILITY IN PROJECT (Please provide a complete description of work completed and level of responsibility assumed.

Payment Information

(This page will be destroyed after processing.)

___ Check

___ Credit Card: VISA MASTERCARD DISCOVER

Fees due:

\$15 per month to June 30 renewal date + \$ _____

Total Fee Due = \$ _____

Card Number _____ - _____ - _____ - _____ Expiration (Month/Year) ____/____

Name of Cardholder _____

Signature of Cardholder _____ Phone Number (____) ____ - _____

Required for Processing

Email Address: _____

Date of Birth ____/____/____

Social Security Number of Licensee: _____ - _____ - _____

Privacy Act Notice: *Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18.*

Updated 10/2015