

_____ I am a veteran, as defined in Iowa Code section 35.1(2). I have attached documentation to verify my status as a veteran. Please consider my application under the veteran reciprocity provisions of 193 Iowa Administrative Code 14.3.

Regulatory and Criminal History

Have you been previously licensed in Iowa? Yes No

Jurisdiction of original professional landscape architectural license:

Is the license currently in good standing? Yes No (if no, explain on supplemental sheet)

Other Licenses (Please use separate sheet if necessary): Yes No

Jurisdiction: _____ Number: _____

Date Acquired: _____ Expiration Date: _____

Jurisdiction: _____ License Number: _____

Date Acquired: _____ Expiration Date: _____

Jurisdiction: _____ License Number: _____

Date Acquired: _____ Expiration Date: _____

Have you ever:

- a. Practiced, or solicited professional 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/attest that all information provided on this entire application is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Payment Information

(This page will be destroyed after processing.)

___ **Check**

___ **Credit Card:** **VISA** **MASTERCARD** **DISCOVER**

Amount to be charged: \$300.00

(This certificate of license is to be effective to the June 30 which is at least 12 months beyond the date of the application.)

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