





**Non-residents** who have a mandatory continuing education requirement may submit a statement from their resident state’s licensing board as documented evidence of compliance with their resident state’s mandatory continuing education requirements during the period of non-licensure. The statement shall bear the seal of the licensing board.

**Regulatory and Criminal History**

**Have you ever:**

- a. Practiced, or solicited professional landscape architectural work or represented yourself as a professional landscape architect in Iowa during the period of non-licensure? Yes No
- b. Have you sealed any technical submissions for Iowa projects during the period of nonregistration? Yes No
- c. Been convicted of a felony in any state, federal, or foreign jurisdiction? Yes No
- d. Had an initial or renewal application for a professional license of any type denied or refused? Yes No
- e. 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
- f. 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 reinstated by this board.

I have read the Iowa Board’s statutes and rules, which govern the activities of my licensure 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: \_\_\_\_\_ (\$350.00 PLUS reinstatement fee as described below.)

- Lapsed for **up to 24 months:** \$350.00 current renewal fee PLUS \$25 per month of expired license
- Lapsed for **more than 24 months:** \$350.00 current renewal fee PLUS \$25 per month of expired license, up to a maximum of \$750 (for a total no greater than \$1100.00)

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**