

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 non-licensure? 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.

Please provide a written statement outlining the professional activities in Iowa during the period of non-licensure; if none, please state as such:

INACTIVE STATUS AFFIDAVIT: I am reinstating to an inactive status. I affirm that I will not engage in any of the practices in Iowa that are listed in Iowa Code section 544B, without first complying with all rules governing reinstatement to active status.

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: _____

Payment Information

(This page will be destroyed after processing.)

Check

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

Amount to be charged: _____ (\$100.00 PLUS reinstatement fee as described below.)

- Lapsed for **up to 24 months:** \$100.00 current renewal fee PLUS \$25 per month of expired license
- Lapsed for **more than 24 months:** \$100.00 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