

Nebraska State Board of Landscape Architects

Mail to: PO Box 95165
Lincoln, NE 68509-5165

Delivery: 215 Centennial Mall S, Suite 400
Lincoln, NE 68508-1813

Phone: 402-471-2407
Fax: 402-471-0787

Questions? Contact us at nsbla.board@nebraska.gov or visit our website at nsbla.nebraska.gov

APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT

- **Initial Application Fee: \$100** – This applies to applicants who are seeking licensure after completing the LARE and obtaining the required experience and looking to obtain their very first license. The applicant is not and never has been licensed in another jurisdiction.
- **Comity/Reciprocity/Reinstatement Application Fee: \$300** – This applies to applicants who already hold a license in another jurisdiction and are seeking licensure in Nebraska or are looking to reinstate an expired Nebraska license
- **Make checks payable to Nebraska State Board of Landscape Architects or NSBLA.** Application fees are nonrefundable once deposited by the Board. In the event that your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your statement.
- **Provide all information requested.** Your attention to these details will make it possible for the Board's staff to process your application without undue delay.
- It is the responsibility of the applicant to ensure the application and CLARB Council Record have been received by the Board.

SECTION I: GENERAL INFORMATION

1. I am applying for: Initial Licensure Comity Licensure Reinstatement Lic# _____

2. CLARB Council Record Number: _____ Certified? Yes No

3. _____
Full Legal Name (Including full middle name) Maiden or Former Name (if applicable)

4. _____
Social Security Number (last 4 digits)

5. **Mailing Address:**

Firm Name (if business)

Street Address

City, State, Zip Code

E-mail Address

Telephone ext

Alternate Telephone ext

Fax

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SECTION II: REFERENCES

- List the names and contact information of three professional landscape architects or design professionals unrelated to you who can attest to your good reputation and ethical character. At least one should be a professional landscape architect.
- All references must complete a Landscape Architect Reference form and submit it directly to the Board.
- Reference forms received from the applicant will not be accepted.

1. _____
Name License number and state of licensure, if PLA

_____ Telephone _____ E-mail

2. _____
Name License number and state of licensure, if PLA

_____ Telephone _____ E-mail

3. _____
Name License number and state of licensure, if PLA

_____ Telephone _____ E-mail

SECTION III: AFFIDAVIT

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States, **OR**
- I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are _____, and I **have enclosed a copy** of my USCIS documentation.

Note: Provide an explanation and official documentation, if available, for each "YES" answer below. Licensure approval will remain pending until after review.

1. Have you solicited landscape architecture work or represented yourself as a professional landscape architect in this State prior to having been licensed?	Yes	No
2. Have you been disciplined by any occupational licensing/registration board?	Yes	No
3. Are you currently under investigation by any occupational licensing/registration board?	Yes	No
4. Has your professional landscape architect license been denied, suspended or revoked in any jurisdiction?	Yes	No
5. Have you surrendered or allowed a professional landscape architect license to lapse in any jurisdiction due to any action pending or threatened?	Yes	No
6. Have you signed any legal documents that settles a dispute or charges against you brought by a licensing/registration board or a court of law?	Yes	No

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7. Have you been found by a court of law or licensing/registration board to have violated the landscape architecture licensure/registration laws or the professional/occupational laws of any jurisdiction?	Yes	No
8. Have you entered into a negotiated settlement with regard to professional or occupational licensure laws in any jurisdiction?	Yes	No
9. Have you ever been convicted of any crime involving fraud, deceit, or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction?	Yes	No
10. Are there any criminal charges now pending against you?	Yes	No

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

I will not represent myself as a landscape architect or offer to perform landscape architecture services in the State of Nebraska until this application is approved and a professional landscape architect license has been granted by the Nebraska State Board of Landscape Architects.

Signature of Applicant

Date

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Applicant's Name: _____

Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate spaces. If the "Unsatisfactory" box is checked, please submit a letter of explanation with this form.

Excellent Satisfactory Marginal Unsatisfactory Unknown

Technical Competence

Professional Conduct

Comments:

Reference Name: _____

Reference E-mail: _____

Reference Address: _____

Reference relationship to applicant: Personal Professional Academic Other _____

How long have you known the applicant? _____ Years

Have you ever supervised the applicant? Yes No

Licensure status: Landscape Architect Architect Engineer/Surveyor/Certified Planner Other _____

Current licensure information:

Jurisdiction: _____

License or Certification Number: _____

Expiration Date: _____

Current Employer: _____

Position/Title: _____

Signature: _____ **Date:** _____

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