

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 EXAMINATION: LANDSCAPE ARCHITECTS REGISTRATION EXAM (LARE)

- **Application Fee: \$50** – 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.
- **This application is only for applications who do not have an LAAB-accredited landscape architecture degree. Please read all instructions and check all items carefully. 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.
- Please print or type all information.
- **In addition to this application, you must have CLARB transmit your Council Record directly to the Board prior to the Board reviewing your request.**
- Once you have completed the LARE, obtained the required experience, and are ready to become licensed, you will need to submit an application for licensure to the Board and have CLARB transmit an updated Council Record to the Board.

SECTION I: GENERAL INFORMATION

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

2. _____
Social Security Number (last 4 digits)

3. CLARB Council Record Number: _____

4. Mailing Address:

Firm Name (if business)

Street Address

City, State, Zip Code

Email Address

Telephone ext

Alternate Telephone ext

Fax

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SECTION II: 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 been disciplined by any occupational licensing/registration board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you currently under investigation by any occupational licensing/registration board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has your professional landscape architect license been denied, suspended or revoked in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you surrendered or allowed a professional landscape architect license to lapse in any jurisdiction due to any action pending or threatened?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you entered into a negotiated settlement with regard to professional or occupational licensure laws in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are there any criminal charges now pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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