

MEMORANDUM

To: All L.A.R.E. Candidates

From: Leslie Hanska, Executive Director
Oklahoma Board of Architecture

Re: Procedures for filing L.A.R.E. applications

Enclosed is an application and employment reference forms for your use in applying for the Landscape Architecture Registration Examination. Oklahoma requires three (3) years of acceptable training prior to licensing. Please complete the top half of each form, including the number of hours completed in each training category. Send one form to your present and past employers, each of who needs to fill in the bottom half and RETURN IT DIRECTLY TO THIS OFFICE. Additionally, you need to attach a 2" x 3" photo to the application,. Also needed is an OFFICIAL transcript sent directly to this office. Copies issued to the student are not accepted.

You will need to submit a check in the amount of \$50.00 for the application fee with your application. **Checks are payable to: the Oklahoma Board of Architects.** ANY APPLICATION RECEIVED BY THE BOARD WITHOUT THE APPLICATION FEE STATED ABOVE WILL NOT BE PROCESSED. Incomplete applications are automatically withdrawn one year after submission. Complete applications will remain on file in the Board office for two years or as long as they remain active. After two years of inactive status, you will be required to reapply. **You must be Board approved before you can begin testing.**

If you have any questions, please contact this office.

THE BOARD OF GOVERNORS OF THE LICENSED ARCHITECTS, LANDSCAPE ARCHITECTS AND REGISTERED INTERIOR DESIGNERS OF OKLAHOMA

220 NE 28th St., Suite 150
Oklahoma City, OK 73105
(405) 949-2383

Application for Candidate Landscape Architect registration

Email address _____		Social Security Number _____ - _____ - _____	
Name in Full _____		Date _____	
Business Address	Firm Name _____		
	Street _____		
	City _____	State _____	Zip _____
	Telephone _____		
Residence Address	Street _____		
	City _____	State _____	Zip _____
	Telephone _____		
	Address for Correspondence		<input type="checkbox"/> Residence
Citizenship		<input type="checkbox"/> Birth	<input type="checkbox"/> Naturalization
Birth Date _____		Birth Place _____	
<i>I hereby apply for registration and license to practice landscape architecture by the following method:</i>			
<input type="checkbox"/> By written examination.	Duration of residency in State	Years _____	Months _____
<input type="checkbox"/> By reciprocal Registration.			
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details. (Attach a separate sheet if necessary)			
Have you ever been registered in Oklahoma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, my registration number was: _____			

The State of Oklahoma

Name in Full

C. Practical Experience

Full name and complete current address of employer (Begin with first employer and include military and others) (Please list part-time & full-time separately)	Dates of Employment Give Month, Day and Year	Total Time Employed		Check Appropriate Experiences			
		Part Time *	Full Time	General practice of architecture	Teaching and research	Public service	Other – Explain **
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				
	From	Yrs.	Yrs.				
	To	Mos.	Mos.				

*If part-time work is noted, state average number of hours per week. ** If "other" kinds of work are noted, describe.

The State of Oklahoma

Name in Full

D. Affidavit and Notarization

I swear that neither I nor a firm, association, corporation or partnership, which I am affiliated with, have performed or contracted to perform landscape architectural services of any kind prior to the Board of Governors of the Licensed Architects, Landscape Architects and Registered Interior Designers of Oklahoma issuing a license to practice landscape architecture within the state of Oklahoma and, where applicable, a certificate of authority to the firm, association, corporation or partnership. The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

Signature of applicant

In the event you can not truthfully sign the statement above, attach an explanation and describe the services performed in detail.

State of:

County of:

I, _____ a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

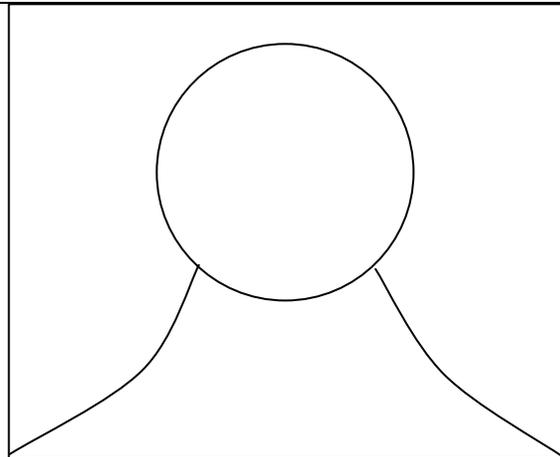
_____ Personally know to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL
THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES

NOTARIAL SEAL



Affix Photo Here
Bust Only
Approximately 2 1/8 X 2 3/4"

Board of Governor of The Licensed Architects, Landscape Architects and Interior Designers

P.O. Box 53430, OKC, OK 73152
Name _____

Date _____

Applicant's Current Address _____

Is/Was Employed with the Firm of _____

Address of Firm _____

Which Rendered those Services Indicated by an "X" Architecture Engineering Landscape Architecture Planning Construction Other (Explain on Separate Sheet) Furnishing Equipment or Fixtures Construction Management

Position of Supervisor Registered Architect Landscape Architect Registered Engineer or Planner
 Other If Other, Please Explain _____

Dates of Employment						Length of Time			Check Appropriate Experiences in Hours																	
						Full Time ✓	Part Time (Less than 35 Hrs/Wk) ✓	Hrs/Wk	In the Position Of		General Practice of Landscape Architecture															
									Employee	Other (Explain)	Programming-Client Contact	Site & Environ. Schematic Design	Cost Estimating	Code Research	Design Development	Documents Checking	Bidding & Contract	Contr. Phase-Office	Constr. Phase-Observation	Office Procedures						
From	To		Day	Month	Year	Day	Month	Year																		

Applicant's Authorization and Release – This release must be signed before sending this form to Employer.

I hereby authorize the Board of Governors of the Licensed Architects and Landscape Architects of Oklahoma to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of Governors of the Licensed Architects and Landscape Architects of Oklahoma by the reference.

Signed _____ Date _____

Applicant Complete Above this Line

The above person has made application to this Board for a license to practice landscape architecture in the State of Oklahoma. He has given your name as a reference and as one who knows his work, ability, reputation and personal character.

We request your assistance in completing this form, with sincere and conscientious consideration of the need for objective appraisal of the applicant's ability and his potential to practice landscape architecture.

- A. The dates of Employment as shown above are correct. Yes No If no, please clarify
- B. The applicant worked under the direct supervision of individuals indicated. Yes No If no, please clarify
- C. The experiences checked by the applicant for the dates of employment shown are correct. Yes No If no, please clarify
- D. Please indicate, to the best of your knowledge, the applicant's ability in the experiences indicated above by placing an "X" in the appropriate spaces below. If "Unsatisfactory" box is checked please submit a letter of explanation with this form.

		Excellent	Satisfactory	Marginal	Unsatisfactory	Not Qualified to Answer
Engineer or Planner	Technical Competence					
	Professional Integrity					

(Person supplying information above, please complete the following relative to yourself. Please type.)

Name of Person Completing this half form _____

Jurisdiction(s)/Dates of Registration(s) and Type of Registration _____

Position in above firm _____

Name of Current Firm _____

Position in Current Firm _____

Signature _____ Date _____