

MEMORANDUM

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

From: Jean Williams, 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. The references are used to verify and evaluate your training requirements. 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 whom 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, with your signature and that of two witnesses. 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 \$75.00 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 Incomplete applications are automatically withdrawn one year after submission.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 three years or as long as they remain active. After three years of inactive status, you will be required to reapply. **You must be Board approved before you can begin testing.** The application fee is required annually when retaking the exam. The deadline for receipt of all fees if taking the December L.A.R.E. is October 1st at 4:30 p.m. and March 1st at 4:30p.m. for the June L.A.R.E. Postmarks are not accepted. By Board policy, if this date falls on a weekend forms can be turned in the following Monday.

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

PO Box 53430
Oklahoma City, OK 73152
(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 Residence Business

Citizenship Birth Naturalization

Birth Date _____ Birth Place _____

I hereby apply for registration and license to practice landscape architecture by the following method:

By written examination. Duration of residency in State _____ Years _____ Months

By reciprocal Registration.

Have you ever been convicted of a felony? Yes No

If yes, give details. (Attach a separate sheet if necessary)

Have you ever been registered in Oklahoma? Yes No

If yes, my registration number was:

The State of Oklahoma

Name in Full

Preparatory Schools, High Schools	Dates of Attendance		Grades Completed
	From	To	
Colleges, Universities, Technical Schools <i>Attach Original Transcript</i>	Dates of Attendance		Degrees
	From	To	
Travel, Continuing Education, Research, Publications			

A. Educational Background

Name three landscape architects who are personally acquainted with your professional abilities. Give complete addresses.

DO NOT list present employers, fellow employees, present partners or relatives.

Name/Address

B. Landscape Architect References

Name/Address

Name/Address

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

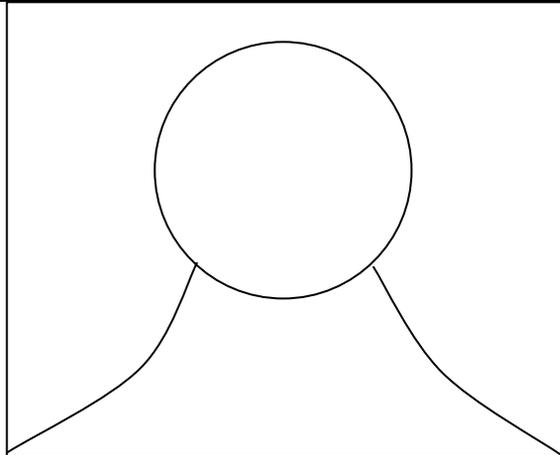
_____ Personally know to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

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"

