



STATE OF RHODE ISLAND

Bd. of Examiners of Landscape Architects

1511 Pontiac Avenue, Building 68-2
 Cranston, RI 02920
 (401) 462-9595 Fax: (401) 462-9532
www.bdp.state.ri.us

APPLICATION FOR REGISTRATION BY EXAMINATION OR RECIPROCITY
 (For the practice of Landscape Architecture in Rhode Island)
 R.I. GEN. LAWS §5-51-1 et. seq.

INSTRUCTIONS: All applicants for licensing, regardless of classification, must fill out this form completely. Type or print plainly. Use additional sheets if necessary. **Exam fee to be determined. Reciprocity fee: \$150. Make checks payable to: "General Treasurer State of Rhode Island".**

| | | |
|--|---------------|--|
| APPLICANT'S NAME (First, Middle, Last) | | <input type="checkbox"/> EXAMINATION (Fee to be determined) |
| (Please check preferred mailing address) | | <input type="checkbox"/> RECIPROCITY (Fee: \$150.00) |
| <input type="checkbox"/> LEGAL RESIDENCE ADDRESS | | |
| <input type="checkbox"/> BUSINESS ADDRESS | | DAYTIME PHONE/FAX |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | HOME PHONE |

EDUCATION

| SCHOOL (Circle highest grade completed) | EDUCATION | | | | | | | | | | | | YEARS OF COLLEGE COMPLETED | | | | | |
|---|--|----|--|---------|----|--|--------------|----|--|----------------|----|---------------|----------------------------|-------------|----|--|--|--|
| | 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | | 1 2 3 4 5 6 | | | | | |
| | NAME | | | ADDRESS | | | MAJOR COURSE | | | DATES ATTENDED | | DEGREE REC'D. | | DATE REC'D. | | | | |
| | FROM | TO | | FROM | TO | | FROM | TO | | FROM | TO | FROM | TO | FROM | TO | | | |
| HIGH SCHOOL | | | | | | | | | | | | | | | | | | |
| COLLEGE/UNIV. | (College or University must submit transcript in a sealed envelope directly to the Board.) | | | | | | | | | | | | | | | | | |
| TECHNICAL OR PROFESSIONAL | | | | | | | | | | | | | | | | | | |

EXPERIENCE

Give full information concerning periods of employment contributing to your experience in the practice of landscape architecture. Start with present position and work back, explaining exact duties and other details required. Mention any major jobs, publications to which you have contributed, etc., that you consider significant. Under the "Hrs. Wkd. Per Week" column, enter only these portions spent in professional landscape architecture.

| DATES | | POSITION | EMPLOYER | | HRS. WKD. PER WEEK |
|-------|----|----------|----------|---------|--------------------|
| FROM | TO | | NAME | ADDRESS | |
| | | | | | |
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RECIPROCITY CANDIDATES ONLY

List the State and license number of initial registration: _____ Basis of initial registration: Exam Yr. Passed: _____ Other _____
 List subsequent registrations: _____

Which State are you applying from? _____ License expiration date: _____

REFERENCES

Two (2) references must be landscape architects who have been registered a minimum of four (4) years and one (1) character reference.

| NAME | ADDRESS | PROFESSIONAL RELATIONSHIP | HAVE KNOWN (YRS.) |
|------|---------|---------------------------|-------------------|
| | | | |
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AFFIDAVIT

| | |
|------------------------------------|---|
| APPLICANT'S SIGNATURE | DATE |
| Subscribed and sworn to before me: | DATE SIGNATURE AND SEAL OF NOTARY PUBLIC |

ADDITIONAL INFORMATION REQUIRED:

Landscape architectural experience form(s) are to be sent directly to the Board by the supervising landscape architect(s) attesting to the length of experience that has been accumulated.

Do not write in the spaces below

| OFFICE RECORD | BOARD ACTION |
|---------------|--------------|
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