



FORM 1

DO NOT WRITE IN THIS SPACE	
OFFICE RECORD	
DATE RECEIVED: _____	
FEE\$ _____	CK() MO() BD()
APPLICATION NO: _____	
CLK'S INITIALS: _____	

STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS
100 S. CHARLES STREET, TOWER 1, BALTIMORE, MD 21201
(410) 230-6256

dloplboardofexaminersoflandscapearchitects-labor@maryland.gov

APPLICATION FOR RECIPROCITY

FEE: \$132 (Fee includes \$76 application fee and \$56 license fee)
Application is filed under the subsection checked: (see directions)
 9-303(b) 9-303(c) 9-303(d) 9-303(e)

1. PERSONAL DATA:

Name:

LAST FIRST MIDDLE
Last name, if different on transcript _____

Address: _____
(Street) (Apt., Suite No.)

(City) _____ (State) _____ (ZIP) _____

(non-US Country) _____

Telephone: Day _____ Evening _____ E-Mail _____

Social Security Number _____ If you do not have a SSN,
Contact the Board's office.

Date of Birth _____ Place of Birth _____

Are you currently licensed as a Landscape Architect in another State? YES NO State _____ Date _____

Have you passed any part or parts of the L.A.R.E.? YES NO State _____ Date _____

Are you submitting a CLARB Council Record? YES NO

2. CONDUCT QUESTIONS

a. Have you ever been convicted of a felony or misdemeanor in any State or federal court? YES NO

b. Have you ever had this type of license, certificate, registration, or permit denied, suspended, or revoked by the State of Maryland or any other jurisdiction? YES NO

If you answered YES to any question, submit a letter giving complete explanation of the circumstances involved, along with a true test copy of the applicable court documents, if available.

3. EDUCATION

Name of College or University	Degree	Graduation Date
Name of College or University	Degree	Graduation Date
<input type="checkbox"/> check if additional information attached NOTE: An official academic transcript must be sent to the Board's office directly from the college registrar. Transcripts marked "issued to student" will not be accepted. Foreign Degree applicants - See the instructions.		

4. EXPERIENCE

The RPE numbers below must correspond to the numbers in the RPE boxes at the top right corner of the individual RPE Forms.

RPE FORM No.	Company or Employer Name (Enter earliest engagement first)	Name of Endorser (If any)	Dates of Employment Mo/Yr to Mo/Yr	Total Time Years/Mos
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
TOTAL Experience Claimed:			_____	_____
			Years	Months

5. CERTIFICATION

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any information contained within this agreement to an authorized representative of the Department of Labor, Licensing and Regulation for further investigation. I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor, Licensing and Regulation or have provided for payment in a manner satisfactory to the unit responsible for collection."

Signature of Applicant _____ DATE _____

In accordance with Executive Order 01.01.1983-18, the Department of Labor, Licensing and Regulation is required to advise you as follows regarding the collecting of personal information: Personal Information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his/her personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local government agencies.

Form 2
 STATE OF MARYLAND
 DEPARTMENT OF LABOR, LICENSING AND REGULATION
 STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS
 REPORT OF PROFESSIONAL EXPERIENCE (RPE)

RPE No: _____
SHEET NUMBER _____ OF _____

INSTRUCTIONS TO APPLICANT: After reading instructions, complete Section I and Section III (Page 2), make a copy for your records, Forward this original **RPE Form** to your endorser who must be a licensed Landscape Architect; or, if not, refer to Instructions. Be sure the RPE number in this box at the top right corner of this form corresponds with the appropriate RPE number and information on page 2 of **Form 1**.

SECTION 1: TO BE COMPLETED BY APPLICANT.

Name: _____
LAST FIRST MIDDLE

Telephone (home) _____ (work) _____ - _____ - _____
Social Security Number

Experience described in Sec. 3 of this **RPE form** was obtained while employed by:

Firm or Organization Name: _____

Endorser's Name: _____

TIME PERIOD: Beginning _____ Ending _____ Full Time Part Time, _____ hrs/ per wk
 I hereby certify that the work experience described on the reverse side of this **RPE Form** and the time claimed for that experience are true and accurate.

APPLICANT'S SIGNATURE **DATE**

SECTION 2: TO BE COMPLETED BY ENDORSER

DO NOT RETURN ORIGINAL TO THE APPLICANT.

ENDORSER MUST BE A Licensed Landscape Architect. If not, refer to instructions.

1. Read carefully the applicant's Report of Professional Experience on the back of this RPE Form and any continuation sheets.
2. Provide the requested information below and answer questions 1-6. Please type or print clearly.
3. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Board relative to the applicant, please submit a separate letter with this form. If you do so, please identify the applicant by full name and social security number in your letter and indicate that they are an applicant for the landscape architecture examination.
4. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION 4 OF THIS FORM AND AT THE BOTTOM OF EACH **RPE CONTINUATION SHEET (Form 2a)**, IF ANY. If you do not sign this affidavit, please explain in a separate letter and attach it to this form, and mail directly to the address on page 1 of form 1.

Endorser's Name _____

Current Address _____
STREET CITY STATE ZIP

Daytime _____ E-Mail: _____

Licensed Landscape Architect in _____ License No _____

WITH RESPECT TO THE APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED IN SECTION 3:

1. Does the description accurately reflect the work personally performed by the applicant? YES NO
2. Does the time claimed for this experience reasonably reflect the actual time? YES NO
3. Was the applicant's work performed in an adequate and professional manner? YES NO
4. Are you attaching a separate letter with additional information about the applicant? YES NO
5. IDENTIFY YOUR WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME. IF NONE, PLEASE EXPLAIN.

6. CHECK if Additional Comments attached.

SECTION 3. TO BE COMPLETED BY APPLICANT.

A. Briefly describe your general landscape architecture experience during your employment with the firm named in Section 1.

B. Describe, in separate listings, specific categories of landscape architecture work you personally performed while employed by the firm named. Use specific assignments as examples and describe how these comply with the definition of "Practice Landscape Architecture" in the Instructions. 2. Indicate separately in the TIME column at the right, the time you spent on each.

1. Were you supervised by a Landscape Architect? YES NO

If you need more than one endorser from a single firm, USE SEPARATE RPE FORMS FOR EACH ENDORSER. If you do not have sufficient space on this form to report the experience to be verified by a single endorser, use additional RPE Continuation Sheets (**Form 2a**). BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET.

Indicate the number of extra RPE CONTINUATION SHEETS (Form 2a) for this endorser. If zero enter "0"

Types of Landscape Architecture Work	TIME	
	YRS	MOS
TOTAL THIS SHEET		

C. Describe briefly your personal level of responsibility or authority for the work described above. Explain any changes in your title resulting from promotions or other job changes during this period of employment.

SECTION 4: ENDORSER'S AFFIDAVIT (Also complete Section 2 on other side.)

I have read the applicant's Report of Professional Experience, I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

Endorser's Signature

Date

Endorser's License # _____ State: _____

SEAL

I cannot so certify. Letter of explanation attached.

Form 3

REQUEST FOR VERIFICATION OF LICENSURE/EXAMINATION

TO: Maryland State Board of Examiners of Landscape Architects
 1100 N. Eutaw Street 5th Floor Baltimore, Maryland 21201
 (410) 230-6256 • FAX: (410) 962-8483

APPLICANTS: INCLUDE POSTAGE PAID, ADDRESSED ENVELOPE WHEN FORWARDING TO ANOTHER STATE BOARD FOR RETURN TO ABOVE ADDRESS

BOARD OF LICENSURE/EXAMINATION	PERSONAL DATA (Completed by Licensee)
FROM: <hr/> STATE BOARD <hr/> ADDRESS (CITY) (STATE) (ZIP)	<hr/> NAME OF APPLICANT <hr/> ADDRESS (CITY) (STATE) (ZIP) Social Security No. _____

STATE VERIFICATION INFORMATION (Completed by State Board Providing Verification)

THE ABOVE NAMED PERSON WAS LICENSED AS A LANDSCAPE ARCHITECT	LICENSE NUMBER _____	DATE ISSUED _____	VALID UNTIL _____	DATE APPLIED _____
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BASIS OF LICENSURE			
1. <input type="checkbox"/> WRITTEN EXAMINATION :			
EXAMINATION SUBJECT	PASSING GRADE	CLARB EXAM?	DATE PASSED
2. <input type="checkbox"/> ORAL EXAMINATION - PLEASE GIVE DETAILS			
3. <input type="checkbox"/> BY RECIPROCITY WITH THE STATE OF			
4. <input type="checkbox"/> OTHER			

DISCIPLINARY QUESTIONS	
1. Has any disciplinary action ever been taken against the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If so, has this disciplinary case been satisfied to the Board's requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO If not, please note on back

BY: _____ Date: _____

TITLE _____ BOARD SEAL