

IDAHO STATE BOARD OF LANDSCAPE ARCHITECTURE
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise, ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: ala@dopl.idaho.gov

APPLICATION FOR LICENSURE

Please complete this form by providing the requested information and submit the completed form to the address noted above. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

CHECKLIST FOR APPLICATION BY EXAM - (Please keep a copy of this application for your records.)

- Completed application. All requested information must be provided and the form must be notarized.
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of official transcripts sent directly to our office from the issuing authority, if you have graduated from a college or school of landscape architecture approved by the Board.
- Evidence of at least eight (8) years of actual, practical experience in landscape architecture of a grade and character satisfactory to the Board. Such experience shall establish your education in those subjects and areas contained in the curriculum of an approved college or school of landscape architecture. No less than fifty percent (50%) of such practical experience shall be under the supervision of a licensed landscape architect.
- Proof that you have successfully passed each section of the LARE examination that demonstrates your competency to plan, design, specify and supervise the installation and construction of landscape architectural projects.
- Copy of legal name change, if applicable (marriage license or divorce decree). This is applicable if the name used on any accompanying documents, such as transcripts or birth certificate, does not match the name on the application.
- Attach the required fees.

APPLICATION FEE	\$75.00
ORIGINAL LICENSE FEE	\$125.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-3400, you must be licensed to practice. The Board’s Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-260A](#).

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APPLICATION FOR LICENSURE BY EXAM- \$200

I hereby submit my qualifications and make application for a license to practice as a Landscape Architect in the State of Idaho under the provisions of Title 54, Chapter 30, Idaho Code as amended.

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is a public record.) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above.) Street/PO Box City State Zip

4. SS#. _____ - _____ - _____ **Date of Birth** ____/____/_____
(This is not a public record; required by I.C. § 73-122.) mm dd yyyy

5. Business phone (____) _____ **Other** (____) _____ **E-mail** _____
(This number is a public record.) (This number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)

6. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services? () Yes () No
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)

7. Do you hold a Council of Landscape Architectural Registration Boards certificate? () Yes () No
(If Yes, your CLARB record or certification must be received before your application will be processed.)

8. Are you a graduate of an LAAB accredited institution and program in landscape architecture? () Yes () No
(If Yes, this office must receive official educational transcripts directly from the university/college registrar. Please also provide proof of program accreditation at the time of graduation, which can be obtained from <https://www.asla.org/schools.aspx>. If No, you must complete the addendum verifying no less than 8 years of landscape architect experience. Verification letters from past employers are required to document experience and must be received before your application will be processed.)

9. Are you currently or have you ever been licensed as a landscape architect in any other state(s)? () Yes () No

10. Have you taken and passed the LARE examination? () Yes () No
(If yes, the scores must sent to the Division directly from CLARB or other state board)

11. Have you ever had a license, certification, or registration revoked, suspended or otherwise sanctioned?
(If yes, a copy of the charges and the final order must be received before your application will be processed.) () Yes () No

12. Have you ever received a conviction, finding of guilt, or withheld judgment for any State or Federal felony? () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

13. Have you practiced landscape architecture or represented yourself as such in this state prior to this application? () Yes () No
(If Yes, please attach a supplemental explanation.)

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APPLICATION FOR LICENSURE

(continued)

WORK EXPERIENCE: (CLARB record holders please submit an endorsement application.) If applying for licensure through experience in lieu of education, complete this section. All actual landscape architectural or other applicable experience must be documented by the person under whose supervision the work was performed, giving kind and type of work done, together with dates of employment. You are responsible to ensure that verification letters documenting your experience are submitted from the past employers listed below. You may copy this page if additional space is necessary to list all relevant employers/supervisors.

NAME OF EMPLOYING FIRM _____

NAME OF SUPERVISOR _____

LICENSE # _____ **STATE WHERE LICENSED** _____

EMPLOYER ADDRESS _____
Street City State Zip

DATES OF EXPERIENCE: from ____/____/____ to ____/____/____
mm/dd/yyyy mm/dd/yyyy

NAME OF EMPLOYING FIRM _____

NAME OF SUPERVISOR _____

LICENSE # _____ **STATE WHERE LICENSED** _____

EMPLOYER ADDRESS _____
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(continued)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.