

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.
- 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

\$25.00

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>.

Please keep a copy of this application for your records.

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 § 67-2602A](#).

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REGISTRATION FOR LANDSCAPE ARCHITECT IN TRAINING - \$25

I hereby submit my qualifications to the Idaho State Board of Landscape Architects for registration as a Landscape Architect In Training in Idaho under the provisions of Idaho Code 54-3002 and provide the following:

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

2. **Mailing Address** _____
Street/PO Box City State Zip

3. **Date of Birth** ____/____/____ **Social Security No.** ____/____/____
mm dd yyyy (This is not a public record; required by I.C. § 73-122.)
 (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 must be attached.)

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

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

6. **Are you a graduate of an LAAB accredited institution and program of 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 question #9 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.)

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

8. **Have you ever been convicted of 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.)

9. **If you answered No to #6, provide the requested experience information below (must total at least 8 years):**

Employer/Supervisor name	Employer/Supervisor name
Address	Address
City, State, Zip	City, State, Zip
Experience from ____/____/____ to ____/____/____ mm dd yyyy mm dd yyyy	Experience from ____/____/____ to ____/____/____ mm dd yyyy mm dd yyyy
Employer/Supervisor name	Employer/Supervisor name
Address	Address
City, State, Zip	City, State, Zip
Experience from ____/____/____ to ____/____/____ mm dd yyyy mm dd yyyy	Experience from ____/____/____ to ____/____/____ mm dd yyyy mm dd yyyy

(Add additional pages as necessary to total 8 years of experience.)

IDAHO STATE BOARD OF LANDSCAPE ARCHITECTS
REGISTRATION FOR LANDSCAPE ARCHITECT IN TRAINING

(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 _____

SUPERVISOR INFORMATION AND AFFIDAVIT

Supervisor's Business Name _____

Supervisor's Business Address _____
Street/PO Box City State Zip

Business Phone (____) _____ **Fax** (____) _____ **E-mail** _____
(This phone number is a public record.)

SUPERVISOR AFFIDAVIT

I hereby certify under penalty of perjury that I hold an Idaho Landscape Architect license in good standing and that I have not been the subject of discipline by the Idaho Board of Landscape Architects. I further certify that I have reviewed and will comply with Idaho Laws and Rules and Code of Professional Conduct governing the practice of Landscape Architecture in Idaho and that the above named applicant is employed by me and will work under my direct supervision at all times.

Print Supervisor's Name & License Number

Signature of Supervising Appraiser

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.