CORONAS
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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

# dloplboard of examiners of lands cape architects-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 o	f Birth		
Are you currently licensed as a Landscape Architect in another State?	☐ YES	State	Date	
Have you passed any part or parts of the L.A.R.E?	☐ YES	State	Date	
Are you submitting a CLARB Council Record?	🗌 YES			

## 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.

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## 3. EDUCATION

Name of College or University	Degree	Graduation Date		
	0			
Name of College or University	Degree	Graduation Date		
<ul> <li>Check if additional information attached</li> <li>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.</li> </ul>				

#### 4. EXPERIENCE

The RPE	numbers below must correspond to the nu	mbers in the RPE boxes at the top r	ight corner of the individual	RPE Forms.
RPE FORM No. 1.	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
2.				
3.				
4.				
5				
6.				
	TOTAL Exp	perience Claimed:	Years	Months

#### 5. CERTIFICATION

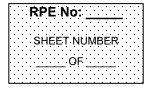
"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any informatic contained within this agreement to an authorized representative of the Department of Labor, Licensing and Regulation 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 <u>not</u> routinely shared with state, federal or local government agencies.

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



**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 <u>must</u> 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 APP		
LAST	FIRST	MIDDLE
Telephone (home) (w	ork)	
	·	Social Security Number
Experience described in Sec. 3 of this RPE f	<b>orm</b> was obtained while emp	loyed by:
Firm or Organization Name:		
Endorser's Name:		
TIME PERIOD: Beginning En	dina 🗌 Fu	II Time 🗌 Part Time. hrs/ per wk
I hereby certify that the work experience de	scribed on the reverse side of	of this <b>RDE Form</b> and the time claimed for
that experience are true and accurate.	scribed on the reverse side c	
that experience are true and accurate.		
APPLICANT'S SIGNATURE		DATE
		DATE
SECTION 2: TO BE COMPLETED BY END		
ENDORSER MUST BE A Licensed Landso	DO <u>NOT</u> RET	URN ORIGINAL TO THE APPLICANT.
Architect. If not, refer to instructions.		
1. Read carefully the applicant's Report of	of Professional Experience	on the back of this PDE Form and any
continuation choote	•	-
2. Provide the requested information below	and answer questions 1-6. F	Please type or print clearly.
<ol> <li>Provide the requested information below</li> <li>If you disagree with any information prinformation for consideration by the Bo form. If you do so, please identify the indicate that they are an applicant for the</li> <li>SIGN THE ENDORSER'S AFFIDAVIT IN CONTINUE ATION SHEET (Form 23) IF</li> </ol>	esented by the applicant or	n this form, or wish to provide any other
information for consideration by the Bo	ard relative to the applicant,	please submit a separate letter with this
indicate that they are an applicant for the	applicant by full name and	social security number in your letter and
4. SIGN THE ENDORSER'S AFFIDAVIT IN	SECTION 4 OF THIS FOR	M 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 form 1.
and attach it to this form, and mail direct	y 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 REPOR		
1. Does the description accurately reflect th		
2. Does the time claimed for this experience		
3. Was the applicant's work performed in a		
4. Are you attaching a separate letter with a	dditional information about th	ie applicant? 🛛 🗌 YES 🗌 NO
5. IDENTIFY YOUR WORK RELATIONSH	IP WITH THE APPLICANT A	T THE TIME. IF NONE, PLEASE EXPLAIN.
6. CHECK if Additional Comments attache	d. 🗌	

Page 1 of 2 - Form 2

## 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.

В. 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

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"

	1	
Types of Landscape Architecture Work	YRS	MOS
	-	
TOTAL THIS SHEET		

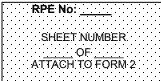
C. Describe briefly your personal level of responsibility or authority for the work described above. Explain any changes in your title resulting from promotions or other job changes during this period of employment.

### 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.

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### FORM 2A



## STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS RPE CONTINUATION SHEET

Name				
LAST	FIRST	MIDDLE		
Signature		SOCIAL SECURITY	-	
CONTINUATION OF SECTION 3 B (F		SOCIAL SECORITY	TIN	
TO BE COMPLETED BY APPLICANT			YRS	Months
		TOTAL THIS SHEET		
	* FINAL SHEET	Total this endorser		

#### SECTION 4 ENDORSER'S AFFIDAVIT:

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 engineering 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 #

I cannot so certify. Letter of explanation attached.

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### 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 LI	BOARD OF LICENSURE/EXAMINATION PERSONAL DATA (Completed by Licensee			_icensee)			
FROM:							
	STATE BOARD						
				ΝΙΔΑ	IE OF APPL		
				INAIN		ICAN I	
	ADDRESS				ADDRES	3	
(CITY)	(STATE) (ZII	P)	(CIT	Y)	(STATE	E)	(ZIP)
			Soci	al Security No.			
STATE VERIF	ICATION INFORMATION (Co	ompleted by	State Boa	rd Providing Ver	ification)		
				DATE	\/^		DATE
-	NAMED PERSON WAS	NUI	ENSE MBER	DATE ISSUED	VAL UN		DATE APPLIED
LICENSED AS	A LANDSCAPE ARCHITEC	I					
BASIS OF LIC	ENSURE						
	N EXAMINATION :						
				PASSING GRADE	CLARB EXAM?	DATE	PASSED
				GRADE			
2. 🗌 ORAL EX	AMINATION - PLEASE GIVE	E DETAILS					
3. 🗌 BY RECI	PROCITY WITH THE STATE	OF					
4. 🗌 OTHER							
			41	40		NO	
	sciplinary action ever been tal his disciplinary case been sati				_ YES □ YES □ N		please note
on back						-,	
BY:			C	)ate:			
			_				
TITLE			BOARD	) SEAL			
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		Page 1 d	of 1 - Form	3			