

**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

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 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 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 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.

RPE No: _____

SHEET NUMBER

_____ **OF** _____

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

DO NOT RETURN ORIGINAL TO THE APPLICANT.

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. ☐

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

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

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

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.

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.

Date _____

SEAL

Page 2 of 2 - Form 2

FORM 2A

STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS
RPE CONTINUATION SHEET

RPE No: _____

SHEET NUMBER
____ OF ____
ATTACH TO FORM 2

Name _____

LAST

FIRST

MIDDLE

Signature _____

____ - ____ - ____
SOCIAL SECURITY**CONTINUATION OF SECTION 3 B (FORM 2):
TO BE COMPLETED BY APPLICANT.**

TIME

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 # _____

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
100 S.Charles Street Tower 1 Baltimore, Maryland 21201
(410) 230-6256

**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:	
STATE BOARD	
	_____ NAME OF APPLICANT
ADDRESS	_____ ADDRESS
(CITY) (STATE) (ZIP)	(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
	_____	_____	_____	_____

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