

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

dlop l board of examiners of lands capear chitects-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)

LAST		FIRST	MIDDLE			
Last name, if different on transcript						
Address:						
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	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	□ NO				
2. CONDUCT QUESTIONS						
a. Have you ever been convicted of a felony	or misdemea	anor in any Sta	ate or federal court? 🗌 YES	S 🗌 NO		
	 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 along with a true test copy of the applicable co				es involved,		

3. EDUCATION		
Name of College or University Degree	e Gr	aduation Date
Name of College or University Degree	e Gr	aduation Date
Check if addition NOTE: An official academic transcript must be Transcripts marked "issued to student" instructions.		
4. EXPERIENCE		
The RPE numbers below must correspond to the nur RPE Company or Employer Name FORM (Enter earliest engagement first) No.	mbers in the RPE boxes at the top right on Name of Endorser (If any)	corner of the individual RPE Forms. Dates of Total Employment Time Mo/Yr to Mo/Yr Years/Mos
1		
2.		
3.		
4.		
5		
6.		
TOTAL Exp	perience Claimed:	Years Months
5. CERTIFICATION		
"I HEREBY CERTIFY UNDER PENALTY OF F		
AND CORRECT TO THE BEST OF MY KNOV information contained within this agreement to		
investigation. I certify that I have paid all undis		
Comptroller or the Department of Labor or have for collection."	e provided for payment in a manner	satisfactory to the unit responsible
TOI CONECTION.		
Signature of Applicant	DATI	E
In accordance with Executive Order 01.01.198 regarding the collecting of personal information		d by the licensing agency of the

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.

Form 2 STATE OF MARYLAND DEPARTMENT OF LABOR

STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS REPORT OF PROFESSIONAL EXPERIENCE (RPE)

	RPE No:	
٠		
	SHEET NU	MBER
	OF	
	UF.	::::: ::::

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 B	E COMPLETED BY APPLICAT	NT.		
Name:	FI	DOT	MIDDLE	
Telephone (home)	(work)		MIDDLE	
	(WOIK)		Social Security Nu	mber
Experience describ	oed in Sec. 3 of this RPE form v	vas obtained while em	•	
Firm or Organization	on Name:			
Endorser's Name:				
TIME PERIOD: Begi	nning Ending	□ F	full Time 🔲 Part Time,	hrs/ per wk
I hereby certify that	t the work experience describe true and accurate.	d on the reverse side	of this RPE Form and the	time claimed for
APPLICANT'S SIG	SNATURE		DATE	
SECTION 2: TO E	BE COMPLETED BY ENDORS			
ENDORSER MUS	T BE A Licensed Landscape	DO <u>NOT</u> RE	TURN ORIGINAL TO THE	APPLICANT.
	refer to instructions.			
1. Read carefully	the applicant's Report of Pro	ofessional Experience	on the back of this RPE	E Form and any
continuation ch	oote	· ·		•
3. If you disagre	puested information below and a e with any information presen- consideration by the Board re do so, please identify the appl ey are an applicant for the lands DORSER'S AFFIDAVIT IN SEC	ted by the applicant	on this form, or wish to p	rovide any other
information for	considerátion by the Board re	elativé to the applicar	it, please submit a separa	te letter with this
indicate that th	ev are an applicant for the land:	scape architecture exa	d social security number i amination.	n your letter and
4. SIGN THE EN	DORSER'S AFFIDAVIT IN SEC	TION 4 OF THIS FO	RM AND AT THE BOTTOM	VI OF EACH RPE
and attach it to	ON SHEET (Form 2a), IF ANY. this form, and mail directly to the	וד you do not sign this ne address on page 1	s aπidavit, piease expiain in of form 1.	a separate letter
and allaon it to	and rorm, and man and any to a	io addices on page .		
Endorser's Name				
Current Address				
_	STREET	CITY	STATE ZIP	1
Daytime		E-Mail:		
Licensed Landscap	pe Architect in	License No		
	THE APPLICANT'S REPORT OF	- PROFESSIONAL EXPE	RIENCE AS DESCRIBED IN	SECTION 3:
 Does the desc 	ription accurately reflect the wo	k personally performe	d by the applicant?_	☐ YES ☐ NO
	claimed for this experience reas			_ □ NO □ NO
	ant's work performed in an addition			_ YES _ NO □ YES □ NO
	ing a separate letter with addition JR WORK RELATIONSHIP WI			
J. IDENTIL I TO	SI WORKILLAHONOHIF WI	THE ALLEGANT	AT THE THINE. II INOINE, F	LLAGE LAI LAIN.
		_		
CHECK if Add	litional Comments attached.			

SECTION 3. TO BE COMPLETED BY APPLICANT.

A.	Briefly describe your general landscape architecture experience during your employment Section 1.	with the firn	n named in
def righ 1. If y	Describe, in separate listings, specific categories of landscape architecture work you like employed by the firm named. Use specific assignments as examples and describe how inition of "Practice Landscape Architecture" in the Instructions. 2. Indicate separately in the time you spent on each. Were you supervised by a Landscape Architect? YES NO ou need more than one endorser from a single firm, USE SEPARATE RPE FORMS FOR EACH Elements.	v these complete the TIME col	ply with the umn at the
	re sufficient space on this form to report the experience to be verified by a single endorser, use add eets (Form 2a). BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET.	ditional RPE (Continuation
Ind	icate the number of extra RPE CONTINUATION SHEETS (Form 2a) for this endorser. If z	zero enter "0 TIN	
	Types of Landscape Architecture Work	YRS	MOS
	TOTAL THIS SHEET		
	Describe briefly your personal level of responsibility or authority for the work describe anges in your title resulting from promotions or other job changes during this period of emp		xplain any
SE	CTION 4: ENDORSER'S AFFIDAVIT (Also complete Section 2 on other side.)		
qua in a	ave read the applicant's Report of Professional Experience, I hereby certify that I am kno alified to attest to, the applicant's work and ability and that, except as otherwise noted on t attached correspondence, the work experience described by the applicant and the time nerally true and accurate.	he front of the	nis form, or
_	Endorser's Signature Date	<u> </u>	
En	dorser's License # State:		
	SEAL		
	I cannot so certify. Letter of explanation attached.		

FORM 2A

STATE OF MARYLAND DEPARTMENT OF LABOR

	RPE No:
	SHEET NUMBER
: : :	OF ATTACH TO FORM 2
	ATTACTTOTORMZ

STATE BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS RPE CONTINUATION SHEET

LAST	FIRST	MIDDLE	.
	TINOT	WIIDDEL	•
Signature		SOCIAL SECURITY	-
CONTINUATION OF SECTION 3 B (F	ORM 2):	SOCIAL SECONTT	TIME
TO BE COMPLETED BY APPLICANT			YRS Months
	*□ FINIAL SHEET	TOTAL THIS SHEET	
	* FINAL SHEET	Total this endorser	
SECTION 4 ENDORSER'S AFFIDAVI	T:		
I have read the applicant's Report of P qualified to attest to, the applicant's wo this form, or in attached corresponder therefore are generally true and accura	ork and engineering ability and nce, the work experience de	d that, except as otherwis	se noted on the front o
,,,			
Findon and Oliver there			
Endorser's Signature		Date	9
Endorser's License #	State:		
		CIT A I	
		SEAL	
☐ I cannot so certify. Letter of explan	ation 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, ADDRÉSSED ENVELOPE WHEN FORWARDING TO ANOTHER STATE BOARD FOR RETURN TO ABOVE ADDRESS

BOARD OF LIC	CENSURE/EXAMINAT	ION		PEF	RSONAL DAT	ΓΑ (Comple	ted by Li	censee)
FROM:								
	STATE BOARD							
					NAN	ME OF APPL	ICANIT	
			-		INAIN	IE OF APPL	ICANT	
	ADDRESS					ADDRESS	3	
(CITY)	(STATE)	(ZIP)		(CITY)		(STATE)	(ZIP)
				Social S	Security No.			
				Coolai	Jooding 140.			
STATE VERIFI	ICATION INFORMATION	ON (Completed b	y State	Board I	Providing Ver	rification)		
		1.10			DATE	\/AI	ıD	DATE
	IAMED PERSON WAS	NU	CENSE JMBER		ISSUED			DATE APPLIED
LICENSED AS	A LANDSCAPE ARCI	HITECT				_		
BASIS OF LIC	 ENSURE							
_	N EXAMINATION :							
EXAMINATION					PASSING GRADE	CLARB EXAM?	DATE P	ASSED
					GRADE	EXAIVI		
2. ORAL EX	(AMINATION - PLEASE	E GIVE DETAILS	<u> </u>					
3. □ BY RECI	PROCITY WITH THE S	STATE OF						
4. OTHER		-						
🗀 Оттек								
	QUESTIONS sciplinary action ever be nis disciplinary case been					☐ YES ☐ YES ☐ No		olease note
BY:			_	Date	e:			
TITLE			=					
E			- В(OARD SI	EAL			