L.A.R.E. EXAM CANDIDATE APPLICATION

Every candidate shall submit this application to the Board as established in Arkansas Code Annotated §17-15-311. All questions must be answered and signed and requested information provided. If not, your application will be returned and your application will not be processed.

Please mail to:

ASBALAID, 900 West Capitol, Suite 400, Little Rock, AR 72201.

1. PERSONAL CONTACT INFORMATION ----- REQUIRED

Last Name: ___________________________ Social Security No. ___________________________
First Name: ___________________________
Middle Name: ___________________________
Address: ___________________________
City: ___________________________ State: _______ Zip Code: _______ Country: _______
Daytime Phone: ___________________________
Residence Phone: ___________________________
E-mail Address: ___________________________

Disclosure of your social security number is mandatory. Collection is authorized by the authority of
Arkansas Act 1163 of 1997 and [42 U.S.C.A. 666(a)(13)]. The Arkansas State Board of Architects,
Landscape Architects and Interior Designers must transfer all social security numbers (SSN) to the
Arkansas Office of Child Support Enforcement for child support purposes. The SSN shall not be disclosed
publicly and is exempt from open records requirement of the Freedom Information Act. Other disclosure of
your SSN without consent is a Class B Misdemeanor.

*all e-mail correspondence will be sent to address provided

THIS SECTION FOR BOARD’S USE ONLY

Name on Check: ___________________________
Check Date: ________
Check Number: _____
Check Amount: ______
Review Date: ________
Approved By: ________
Denied By: ________
Approval Date: ________

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2. CITIZENSHIP

United States Citizenship: ☐ Birth ☐ Naturalized
Other Citizenship:

3. BIRTHDATE

Birthdate:
Place of Birth:
Gender: ☐ Male ☐ Female

4. EDUCATION AND EXPERIENCE

1. Have you obtained a passing score on any section of the L.A.R.E?
☐ Yes ☐ No

If yes, please list all sections and date passed below.

2. Do you have a minimum of two (2) years satisfactory experience in landscape architecture?
☐ Yes ☐ No

If no, please explain.

3. List your educational background, the degree awarded, and the year of graduation:

Name of Undergraduate Institution:
Degree Awarded: ___________________________ Date: ___________________________
Name of Post Graduate Institution:
Degree Awarded: ___________________________ Date: ___________________________
5. AFFIDAVIT

If any answer to any of the following questions is "yes," please attach a detailed explanatory statement.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has any registration board taken any &quot;disciplinary action&quot; against you?</td>
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<td>2. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional association or society?</td>
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<td>3. Has your eligibility to take the L.A.R.E. been revoked or suspended in any jurisdiction?</td>
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<td>4. Have you been under investigation by any state, federal, or local municipality for violating the laws regulating the practice of architecture?</td>
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<td>5. Have you surrendered a license issued to you by an U.S. state or any Canadian provincial licensing agency for any reasons other than failure to renew a license?</td>
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<td>6. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendre, in a criminal prosecution under the laws of any state or of the United States or Canadian province, whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence?</td>
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The applicant agrees as follows:

- I have truthfully answered the foregoing questions, and I understand that falsifying this application will result in revocation of my eligibility to take the L.A.R.E. and any further disciplinary action as the Board deems appropriate.
- I will not represent myself as a landscape architect or offer to perform landscape architectural services in the state of Arkansas until I have met the exam requirements and a landscape architect's license has been granted by this board.
- I have read the Landscape Architectural Act and Rules/Regulations of the Arkansas State Board of Architects, Landscape Architects, and Interior Designers in which I am applying and I am qualified to take the exam and obtain licensure in the state of Arkansas.

The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

Signature of Applicant

Printed Name of Applicant

Date
6. NOTARIZATION. To be made before a Notary Public or Official qualified by law to administer oaths.

State of: ________________________________ County of: ________________________________

On this ____________________________ day of ____________________________ in the year _____________, before me personally appeared ________________________________________, Applicant, known to me or satisfactorily proven to be the person herein described, and signed the foregoing Initial Application form, and on oath swears (or affirms) that all the statements herein made are true to the best of their knowledge and belief.

__________________________________  ______________________________________
Date                                                                                   Notary

My Commission Expires: ________________________________  Notary Seal: