



State of Tennessee
 BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
 DEPARTMENT OF COMMERCE AND INSURANCE
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TENNESSEE 37243-1142

APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION

Type or print legibly

Full Name _____ Mr. _____ Ms. _____
 Last First Middle

Social Security No. (last five digits only) _____ Date of Application _____

Residence Address _____ City _____

State/Zip _____ County _____

Residence Phone No. _____

Business Affiliation _____

Business Address _____ City _____

State/Zip _____ Official Capacity _____

Business Phone No. _____ Fax No. _____

E-Mail Address _____

Address for Correspondence: Business Residence

Date of Birth _____ City/State _____

Citizen of (State/Foreign Country) _____ Can you speak and write English? Yes No

I am applying for registration by:
 Examination

Do you have a disability which may require special accommodations in taking an examination? Yes No

Comity Reapplying CLARB Certificate Number _____

(For Board use only– Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis-aprvd	Board Member	Date	Aprvd	Dis-aprvd

Full Name _____

If you have ever changed your name through marriage or action of a court or have ever been known by any other name, please list name(s) and date(s) of change _____

Have you passed a written CLARB exam? Yes No

If so, name state and year _____

In what states are you registered? _____
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them _____

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings? Yes No

If so, name state and year _____

Have you ever been convicted of a felony? Yes No

If so, name place and year _____

PROFESSIONAL/TECHNICAL AFFILIATIONS

EDUCATIONAL BACKGROUND

Colleges, Universities,
Technical Schools

Dates of Attendance
(From-To)

Date of
Graduation

Degree
Received

Full Name _____

EXPERIENCE

List each engagement **in chronological order beginning with first engagement**. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
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	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

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(Attach additional experience sheet if necessary, using the same format)

Full Name _____

List names and complete addresses of five persons acquainted with your technical ability, three of whom must be registered landscape architects, architects, or engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

References	Complete Address
Current employer/supervisor	
Past employer/supervisor	

APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as a landscape architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

Signature

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

My commission expires _____