



# STATE OF RHODE ISLAND

## Bd. of Examiners of Landscape Architects

1511 Pontiac Avenue, Building 68-2

Cranston, RI 02920

(401) 462-9594 Fax: (401) 462-9532

[www.bdp.ri.gov](http://www.bdp.ri.gov)

### APPLICATION FOR REGISTRATION BY EXAMINATION OR RECIPROCITY

(For the practice of Landscape Architecture in Rhode Island)

R.I. GEN. LAWS §5-51-1 et. seq.

**INSTRUCTIONS:** All applicants for licensing, regardless of classification, must fill out this form completely. Type or print plainly. Use additional sheets if necessary. **Exam fee to be determined. Reciprocity fee: \$150. Make checks payable to: "General Treasurer State of Rhode Island".**

|  |               |   |
|--|---------------|---|
| APPLICANT'S NAME (First, Middle, Last)           |               | <input type="checkbox"/> EXAMINATION<br><b>(Fee to be determined)</b> |
| (Please check preferred mailing address)         |               | <input type="checkbox"/> RECIPROCITY<br><b>(Fee: \$150.00)</b>        |
| <input type="checkbox"/> LEGAL RESIDENCE ADDRESS |               |   |
| <input type="checkbox"/> BUSINESS ADDRESS        |               | DAYTIME PHONE/FAX   |
| SOCIAL SECURITY NUMBER                           | DATE OF BIRTH | HOME PHONE  |
|  |               | EMAIL ADDRESS:  |

### EDUCATION

| SCHOOL (Circle highest grade completed) | NAME   | ADDRESS | MAJOR COURSE | YEARS OF COLLEGE COMPLETED |   |   |   |   |   |
|---|--|---------|--------------|----------------------------|---|---|---|---|---|
|   |  |         |              | 1                          | 2 | 3 | 4 | 5 | 6 |
| HIGH SCHOOL                             |  |         |              |                            |   |   |   |   |   |
| COLLEGE/UNIV.                           | (College or University must submit transcript in a sealed envelope directly to the Board.) |         |              |                            |   |   |   |   |   |
| TECHNICAL OR PROFESSIONAL               |  |         |              |                            |   |   |   |   |   |

### EXPERIENCE

Give full information concerning periods of employment contributing to your experience in the practice of landscape architecture. Start with present position and work back, explaining exact duties and other details required. Mention any major jobs, publications to which you have contributed, etc., that you consider significant. Under the "Hrs. Wkd. Per Week" column, enter only these portions spent in professional landscape architecture.

| DATES |    | POSITION | NAME | EMPLOYER | ADDRESS | HRS. WKD. PER WEEK |
|-------|----|----------|------|----------|---------|--------------------|
| FROM  | TO |          |      |          |         |                    |
|       |    |          |      |          |         |                    |
|       |    |          |      |          |         |                    |
|       |    |          |      |          |         |                    |
|       |    |          |      |          |         |                    |
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|       |    |          |      |          |         |                    |

### RECIPROCITY CANDIDATES ONLY

List the State and license number of initial registration: \_\_\_\_\_ Basis of initial registration: Exam  Yr. Passed: \_\_\_\_\_ Other  \_\_\_\_\_  
 List subsequent registrations: \_\_\_\_\_

Which State are you applying from? \_\_\_\_\_ License expiration date: \_\_\_\_\_

**REFERENCES**

Two (2) references must be landscape architects who have been registered a minimum of four (4) years and one (1) character reference.

| NAME | ADDRESS | PROFESSIONAL RELATIONSHIP | HAVE KNOWN (YRS.) |
|------|---------|---------------------------|-------------------|
|      |         |                           |                   |
|      |         |                           |                   |
|      |         |                           |                   |

**AFFIDAVIT**

|                                    |   |
|------------------------------------|---|
| APPLICANT'S SIGNATURE              | DATE  |
| Subscribed and sworn to before me: | DATE<br>SIGNATURE AND SEAL OF NOTARY PUBLIC |

**ADDITIONAL INFORMATION REQUIRED:**

Landscape architectural experience form(s) are to be sent directly to the Board by the supervising landscape architect(s) attesting to the length of experience that has been accumulated.

**Do not write in the spaces below**

| OFFICE RECORD | BOARD ACTION |
|---------------|--------------|
|               |              |
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## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

### Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date