



LANDSCAPE ARCHITECT INDIVIDUAL REGISTRATION

Biennial Renewal Application

Board of Examiners for Landscape Architects

1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920

Phone: (401) 462-9530 Fax: (401) 462-9532 www.bdp.state.ri.us

For Office Use only:

Check# _____

Date: _____ Amt. _____

Renewal Expiration Date: 06/30/15

Renewal Fee: \$80 Late Fee (After 6/30/15): \$25

Indicate registration number on check.

Make checks payable to: General Treasurer, State of RI

Yes, I want to renew .
 No, I do not want to renew.

It is your responsibility to keep the board apprised of all address & phone number changes.

RI LA REGISTRATION # _____

Name: _____

Address: _____

Phone: () _____

Email address: _____

Name/Address/Phone/E-Mail of Firm or Employer: _____

1. Have you been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to your license to practice landscape architecture in any state since your last renewal? ___YES ___NO If yes, please briefly explain and indicate the jurisdiction on an attachment.

2. I know and understand that in order to practice or to offer to practice landscape architecture in the State of Rhode Island, I must obtain a Certificate of Authorization. ___YES ___NO

3. Do you practice or offer to practice landscape architecture in the State of Rhode Island? ___YES ___NO

4. Are you listed on more than one COA? ___YES ___NO

RENEWALS RECEIVED AFTER JUNE 30 MUST INCLUDE A \$25.00 PENALTY FEE.

Registration shall be effective only from and after receipt by the Board of all such amounts as may be due.

I have read carefully the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license in the State of Rhode Island. I understand that this is a continuing application and that I have an affirmative duty to inform the Board of Examiners of Landscape Architects of any change in the answers to these questions after this application is signed.

Signature of Applicant: _____

Date: _____

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