

State of Florida
Department of Business and Professional Regulation
Board of Landscape Architecture
Application for Licensure of a Business Entity: Certificate of Authorization
Form # DBPR LA 2

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

TRANSACTION	APPLICATION REQUIREMENTS
Certificate of Authorization	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Submit the \$205 fee (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Attach any applicable additional documentation (i.e. additional officers or registered landscape architects, etc.)

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

State of Florida
Department of Business and Professional Regulation
Board of Landscape Architecture
Application for Licensure of a Business Entity: Certificate of Authorization
Form # DBPR LA 2

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For fees additional information see the instructions at the end of this application.

Section I – Applicant Business Entity Qualifier Information

QUALIFIER PERSONAL INFORMATION (application MUST be completed and signed by qualifier)			
Name	DBPR License #		
Address			
City	State	Zip	Phone #
Position Title (Qualifier MUST be a principal officer – see Instructions for details)			

Section II – Applicant Business Entity Information

ORGANIZATION INFORMATION		
Federal Employer ID Number and/or Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Primary E-Mail Address	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Section 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by Title IV-D Child Support Agency to assure compliance with child support obligations.



Section II – Applicant Business Entity Information - continued

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

OFFICER(S)/PARTNER(S)		
Identify each officer/partner of the applicant business entity who is a registered landscape architect in the state of Florida . Do not list officers or partners who are not registered landscape architects (attach additional pages as necessary):		
1. Name	DBPR License #	Principal Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
City	State	Zip
2. Name	DBPR License #	Principal Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
City	State	Zip
3. Name	DBPR License #	Principal Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
City	State	Zip

Section II – Applicant Business Entity Information - continued

BUSINESS INCEPTION/FOUNDING DATES				
Date company was registered/filed with the FL Secretary of State (if pending, please acknowledge) (MM/DD/YY):				
Has the company solicited and/or offered landscape architecture services in the State of Florida prior to being licensed by the Florida board? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, list the last three projects with start and end dates wherein the company solicited for or provided such services:				
1. Name of Client		Project Type		
Client Address				
City	State	Zip	Start Date	End Date
2. Name of Client		Project Type		
Client Address				
City	State	Zip	Start Date	End Date
3. Name of Client		Project Type		
Client Address				
City	State	Zip	Start Date	End Date

Section III (a) – Background Questions

BACKGROUND QUESTIONS	
1. Has this company ever been a defendant in civil or criminal litigation?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, complete Section III (b) of this application as appropriate.	
2. Has disciplinary action ever been sanctioned by a State regulatory board against the company?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, complete Section III (c) of this application. Please note: you will be notified if the Board requires additional documentation.	

Section III (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section V - Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. General Requirements for Certificate of Authorization

- a. The applicant business entity's **qualifier** must complete all sections of the application. The qualifier **must** be a principal officer of the applicant business entity and a Florida registered landscape architect (see Section b. below).
- b. At least one of the principal officers (see definition below) of the corporation, or partners of the partnership must be a registered landscape architect.
 - a. The company must be listed with the Department of State. Accuracy of business information may be checked on the Florida Division of Corporations website www.sunbiz.org.
 - b. A principal officer is defined as the President, Vice President, Secretary or Treasurer of a company; or
 - c. Any other officer who has management responsibilities in the corporation, as documented by the corporate charter or by-laws.
- ii. All personnel of the corporation or partnership who act in its behalf as landscape architects must be registered landscape architects.
- iii. One or more of the officers, one or more of the directors, one or more of the owners of a corporation, or one or more of the partners of a partnership must be a registered landscape architect.
- c. Additional Qualifier Requirements
 - i. If the applicant business entity is a limited liability company, the qualifier must be a managing member. The company must also file with the board.
 - ii. If the applicant business entity is a non-profit corporation, the qualifier must provide by-laws which clearly identify his or her duties and responsibilities.

2. Application Instructions (by section)

a. Section I

- i. Provide the name and address information for the Florida Licensed Landscape Architect that will qualify the business.
- ii. The position title must be:
 - a. If a Corporation a principal officer which is defined as the President, Vice President, Secretary or Treasurer or
 - b. If a Partnership a Partner
 - c. If a not for profit Organization the by-laws must be provided that clearly identify the duties and responsibilities of the qualifier.

b. Sections II – III (c)

- i. Fill out each section completely.
- ii. Accuracy of business information may be checked on the Florida Division of Corporations website www.sunbiz.org. Provide business information as it is registered with the Florida Division of Corporations.
- ii. For Sections III (b) and III (c), provide as much detail as possible.
- iii. For Section III (b), if necessary, submit supporting legal documentation with this application.

c. Section IV

- i. Applicant must sign the affirmation by written declaration.