

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Landscape Architecture**  
**Application for Licensure: Examination or Re-Examination**  
**Form # DBPR LA 1**

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 instructions and additional information, see Section VII, pp 8-10, of this application.*

**Section I - Application Type**

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Initial Examination Applicant <input type="checkbox"/> Re-Examination Applicant (see Section VII – Instructions, pp 8-10, for requirements)

**Section II - Applicant Personal Information**

PERSONAL INFORMATION				
Social Security Number*				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>			
MAILING ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			
CONTACT INFORMATION				
Primary Phone Number	Primary E-Mail Address			
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
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, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

**Section II - Applicant Personal Information - continued**

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

PRIOR LICENSE INFORMATION			
If you currently or previously held a business or professional license/registration in Florida or elsewhere, please list them below:			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

BACKGROUND QUESTIONS			
1.	Yes <input type="checkbox"/> (If yes, please complete Section III)	No <input type="checkbox"/>	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, your profession, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete Section III)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete Section IV)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete Section IV)	No <input type="checkbox"/>	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please complete Section III for your response to questions 1 and 2, and complete Section IV for your response to questions 3 and 4. If you have more than three offenses to document in Section III, attach additional copies as necessary.

**Section II - Applicant Personal Information - continued**

PRIOR NAME INFORMATION				
Have you used, been known as, or been called by another name (example - maiden name, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

**Section III - Explanations for Background Questions 1 and 2**

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

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

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

**Section IV - Explanations for Background Questions 3 and 4**

EXPLANATION

**Section V - Education and Examination Information**

EDUCATIONAL DATA			
Provide name and location of <b>ALL</b> Colleges or Universities attended (see Section VII – Instructions, pp 8-10, for transcript requirements)			
Name/City, State	Dates Attended	Graduation Date	Degree Received

EXAMINATION FEES / SCHEDULING	
<p><b>SPECIAL TESTING ACCOMMODATIONS:</b> Check YES if special testing accommodations are required due to disability or if a religious conflict exists with the scheduled examination date. (Contact DBPR Bureau of Education and Testing immediately at 850.488.5952 for detailed information).  <input type="checkbox"/> No    <input type="checkbox"/> Yes</p>	
<p>Have you previously taken and passed parts of the landscape architecture registration examination?  <input type="checkbox"/> No    <input type="checkbox"/> Yes – You must have your grades submitted to the department by the state that authorized your exam admission</p>	
<b>APPLICATION</b> – An initial examination application requires a <b>non-refundable</b> application fee	<b>\$100</b>
<b>EXAMINATION</b>	
<b>Administered by DBPR:</b> Please check the box for each section you intend to take.	
<input type="checkbox"/> <b>SECTION C</b> – Site Design (Re-exam candidates must take if BOTH Sections 3 and 4 of Pre-1999 LARE not passed.) Please check intended exam date: <b>Jun</b> <input type="checkbox"/> <b>Dec</b> <input type="checkbox"/>	<b>\$260</b>
<input type="checkbox"/> <b>SECTION E</b> – Grading, Drainage & Storm Water Management Please check intended exam date: <b>Jun</b> <input type="checkbox"/> <b>Dec</b> <input type="checkbox"/>	<b>\$260</b>
<input type="checkbox"/> <b>SECTION F</b> – Plant Materials & Specialization Aspects of Practice in Florida Including Laws & Regulations <i>Note: an additional fee of \$18 will be charged by the testing vendor, Promissor, for this section at the time of testing.</i>	<b>\$282</b>
<b>PROCTOR FEE</b> (For Florida candidates who will be sitting for the examination in another state or jurisdiction )	<b>\$50</b>
<b>Administered by CLARB</b> (fees payable to CLARB)	
<b>SECTION A</b> – Project and Construction Administration	Note 1
<b>SECTION B</b> – Inventory, Analysis and Program Development	Note 1
<b>SECTION D</b> – Design and Construction Documentation	Note 1
<b>Note 1</b> Registration and fee information is available through CLARB at <a href="http://www.clarb.org">www.clarb.org</a> or call 571.432.0332	
Application and Examination fees (for exam sections administered by DBPR) are payable to the Department of Business and Professional Regulation or DBPR	
<b>EXAMINATION FEES ARE SUBJECT TO CHANGE</b>	



**ATTEST STATEMENT**

I read the questions in this application and answered them completely and truthfully.

I successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification sought and that I have not practiced my profession in Florida prior to obtaining said license, registration, or certification.

I read the Florida Statutes and rules of the Florida Administrative Code applicable to my profession, and I hereby certify that I am able to answer questions of a specific nature dealing with said statutes and rules.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation, or forfeiture on my part of rights for registration in the State of Florida.

Under penalties of perjury, I hereby certify all statements made on this application are true.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY**

Category: \_\_\_\_\_ Exam Site: \_\_\_\_\_

Original Receipt No.: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Degree: \_\_\_\_\_ Exam Code: \_\_\_\_\_

Retake No.: \_\_\_\_\_ Candidate No.: \_\_\_\_\_

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

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

## Section VII - Instructions, Fees, and Application Checklist

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. INSTRUCTIONS

- a. You are encouraged not to wait until the deadline to submit your application in order to allow sufficient time for you to correct any deficiencies with your application.
- b. **Initial Examination Applicant**
  - i. Complete all sections of the application.
  - ii. Submit the appropriate fees as indicated in the Fees schedule below.
  - iii. The application, appropriate fees, experience verifications, and transcripts must be postmarked on or before the deadline date (see [www.myfloridalicense.com/dbpr/pro/larch/index.html](http://www.myfloridalicense.com/dbpr/pro/larch/index.html) for deadlines).
- c. **Re-Examination Applicant**
  - i. Complete Section I and any other sections where the requested information has changed.
  - ii. Indicate in Section V which sections of the exam you will be retaking and submit the appropriate Section C, E, or F Exam fee(s).
- d. **Education Documentation**
  - i. Transcripts
    1. Institutions must be accredited by the Landscape Architectural Accreditation Board (LAAB).
    2. Official transcripts from all colleges, community colleges, technical schools, universities, etc., must be submitted directly from the institution.
- e. **Practical Experience**
  - i. General
    1. Practical experience must be documented on Section VI of this application.
    2. One year of practical experience shall be 2000 hours of landscape architectural work.
    3. The Practical Experience section, Section VI, must be mailed directly to the department by the professional validating your experience - **copy the form as needed**.
  - ii. One-Year Practical Experience Requirement
    1. As of October 1, 1990, Section 481.310, Florida Statutes, requires every applicant for licensure as a registered landscape architect to demonstrate, prior to licensure, one year of practical experience in landscape architecture work.
    2. Practical experience substituted for the education requirement **may not** be used to satisfy the one-year practical experience requirement.
    3. Applicants are allowed to test before completing the one-year practical experience requirement.
  - iii. Practical Experience Substituted for Education Requirement (Six-Year Applicants)
    1. Florida law permits individuals who have not completed a professional degree program in landscape architecture from an accredited institution the opportunity to sit for the Landscape Architecture Registration Examination (LARE) if the applicant can demonstrate at least six years of practical experience in landscape architecture.
    2. Applicants who have earned college credit while attending accredited institutions may apply such credit toward the experience requirement. Each year of education completed in a recognized school shall be considered equivalent to one year of experience, with a maximum credit of four years.
    3. Experience received prior to February 28, 1987
      - a. may have been secured under the direct supervision of a landscape architect, architect, engineer or land surveyor.
    4. Experience received after March 1, 1987

- a. must have been secured under the direct supervision of a licensed landscape architect.
- 5. Work Product Review
  - a. Applicants (substituting practical experience for the education requirement) are also required to submit two examples of the following work product, which must have been completed under supervision of the appropriate professional (the appropriate professional is determined based on when the work was completed as noted in the experience requirements above).
    - i. Site design, including a master plan.
    - ii. Staking/layout plan.
    - iii. Grading plan.
    - iv. Irrigation plan.
    - v. Construction details.
    - vi. Planting plan with plant list.
    - vii. Specifications.
  - b. Refer to Rule 61G10-11, F.A.C. for more detailed information on this requirement. A link to the rule can be found under "Statutes and Rules" at [www.myfloridalicense.com/dbpr/pro/larch/index.html](http://www.myfloridalicense.com/dbpr/pro/larch/index.html). The two examples must be submitted with your completed application. They will then be sent to the board for preliminary review. Because the board meets only three or four times per year, it is imperative that plans and applications be submitted as soon as possible.
- 6. Note: the practical experience substituted for the education requirement **may not** be used to satisfy the one-year practical experience requirement.

**f. Examination Information**

- i. Applicants are required to take:
  - 1. the Landscape Architectural Registration Examination (LARE) developed by the Council of Landscape Architectural Registration Boards (CLARB) and approved by the Board of Landscape Architecture (Sections A, B, C, D, and E), and
  - 2. the Plant Materials & Specialization Aspects of Practice in Florida, including Laws & Regulations (Section F).
- ii. Sections A, B, and D
  - 1. administered by CLARB and fees payable to CLARB
  - 2. consist of multiple-choice questions
  - 3. completion of this application is encouraged, but not required prior to taking sections A, B, & D
  - 4. registration and fee information is available through CLARB at [www.clarb.org](http://www.clarb.org);
  - 5. all questions about sections A, B, and D should be directed to CLARB at [www.clarb.org](http://www.clarb.org) or 571.432.0332.
- iii. Sections C and E
  - 1. administered by DBPR
  - 2. requires a graphic or written response to a series of small vignette problems
  - 3. completion of this application and board approval required prior to taking sections C & E
  - 4. offered in June and December
  - 5. an application that is not complete by the respective deadline dates (see [www.myfloridalicense.com/dbpr/pro/larch/index.html](http://www.myfloridalicense.com/dbpr/pro/larch/index.html) for deadlines) will be processed for the next examination
  - 6. applicants will receive a notice scheduling them for the examination approximately 30 days prior to the examination date; notice will provide information concerning where and when the examination will be administered and an authorization for admission to the examination.
- iv. Section F

1. administered via computer-based testing, which is offered daily by Promissor (the department's contracted vendor)
  2. upon approval by the board for examination, Promissor will send a candidate information booklet and an official authorization letter
  3. after receipt of the official authorization letter, the applicant should contact the test center at 888.204.6261 for scheduling Section F of the examination
  4. Promissor has test centers throughout Florida.
- v. Applicants may contact the Bureau of Education and Testing for study materials or visit their website at [www.myflorida.com/dbpr/servop/testing/index.html](http://www.myflorida.com/dbpr/servop/testing/index.html).

## 2. FEES

<b>FEES</b>	
<b>APPLICATION –</b> An initial examination application requires a <b>non-refundable</b> application fee	<b>\$100</b>
<b>EXAMINATION</b>	
<b>Administered by DBPR</b>	
<b>SECTION C –</b> Site Design (Re-exam candidates must take if BOTH Sections 3 and 4 of Pre-1999 LARE not passed.)	<b>\$260</b>
<b>SECTION E –</b> Grading, Drainage and Storm Water Management	<b>\$260</b>
<b>SECTION F –</b> Plant Materials & Specialization Aspects of Practice in Florida Including Laws & Regulations	<b>\$282</b>
<i>Note: an additional fee of \$18 will be charged by the testing vendor, Promissor, for this section at the time of testing.</i>	
<b>PROCTOR FEE</b> (For Florida candidates who will be sitting for the examination in another state or jurisdiction)	<b>\$50</b>
<b>Administered by CLARB</b> (fees payable to CLARB)	
<b>SECTION A –</b> Project and Construction Administration	Note 1
<b>SECTION B –</b> Inventory, Analysis and Program Development	Note 1
<b>SECTION D –</b> Design and Construction Documentation	Note 1
<b>Note 1</b> Registration and fee information is available through CLARB at <a href="http://www.clarb.org">www.clarb.org</a> or call 571.432.0332	
Application and Examination fees (for exam sections administered by DBPR) are payable to the Department of Business and Professional Regulation or DBPR	
<b>EXAMINATION FEES ARE SUBJECT TO CHANGE</b>	

## 3. APPLICATION CHECKLIST

Comply with the application requirements for the applicable transaction.

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Initial Application for Examination</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Submit the \$100 non-refundable application fee (make check payable to the Department of Business and Professional Regulation or DBPR).</li> <li><input type="checkbox"/> Submit the appropriate Exam fee(s) for Sections C, E, or F (make check payable to the Department of Business and Professional Regulation or DBPR. DO NOT include the proctor fee for section F).</li> <li><input type="checkbox"/> Complete this application.</li> <li><input type="checkbox"/> Have official transcripts submitted directly from the institution.</li> <li><input type="checkbox"/> Six-Year Practical Experience Option-Additional Requirements: <ul style="list-style-type: none"> <li>o Verify additional practical experience as indicated in the instructions above.</li> <li>o Submit two (2) examples of work product as indicated in the instructions above.</li> </ul> </li> </ul>
<b>Re-Examination Application</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Section I and any other sections where the requested information has changed.</li> <li><input type="checkbox"/> Indicate in Section V which sections of the exam you will be retaking and submit the appropriate Section C, E, or F Exam fee(s) listed above (make check payable to the Department of Business and Professional Regulation. DO NOT include the proctor fee for Section F).</li> </ul>