SECTION I.

NAME
FIRST
MIDDLE
LAST
SUFFIX
E-MAIL ADDRESS

DATE OF BIRTH *
SOCIAL SECURITY NO.

MAILING ADDRESS
CITY
STATE
ZIP CODE

PLEASE CHECK IF RETAKE

LOUISIANA LANDSCAPE ARCHITECT EXAMINATION FEE: $200.00
RETAKE FEE: $100.00

NOTE: CANCELLATIONS NOT RECEIVED PRIOR TO EXAM DATE WILL FORFEIT EXAM FEE.

1. APPLICANTS WITHOUT A CLARB RECORD MUST COMPLETE THE ENTIRE APPLICATION AND PROVIDE ANY NECESSARY INFORMATION REQUESTED ALONG WITH THE APPLICATION, SIGNED, DATED AND NOTARIZED, WITH THE APPROPRIATE FEES.

2. APPLICANTS LICENSED IN ANOTHER STATE WILL NEED TO HAVE THE STATE OF INITIAL LICENSURE SEND A CERTIFIED COPY OF YOUR CLARB SCORES, ALONG WITH PROOF OF CURRENT LICENSE STATUS; OR, HAVE YOUR CLARB COUNCIL RECORD TRANSMITTED TO US FROM CLARB.

3. RETAKE APPLICANTS NEED TO COMPLETE SECTION I ONLY, SIGN AND DATE BELOW AND RETURN THIS SHEET WITH THE APPROPRIATE FEES.

4. YOU MAY OMIT SECTIONS III & IV IF YOU HAVE CLARB CERTIFICATION OR A COUNCIL RECORD AND THE INFORMATION REGARDING EDUCATION AND EXPERIENCE IS CONTAINED IN THAT RECORD. PLEASE HAVE YOUR SCORES TRANSMITTED FROM CLARB WITH THIS APPLICATION.

SIGNATURE DATE

EXAM APPLICATION FEE 0130 1595 01 1206 __

OFFICE USE
Transmittal #
Check #
Date
Amt. $ .00

AES-56-33 (r.8/15)
SECTION II.

EXAM- ALL NEW APPLICANTS COMPLETE THIS SECTION.

HAVE YOU OBTAINED A PASSING SCORE ON ALL PARTS OF THE CLARB NATIONAL EXAMINATION (LARE) OR AN EXAM
APPROVED BY CLARB FOR LANDSCAPE ARCHITECTS?  ☐YES ☐NO

EXAMINATION PASSED:  ☐ CLARB ☐ OTHER-ENTER EXAM NAME   ________________________________

DATE PASSED:   ________________________________

IF YOU HAVE PASSED ALL SECTIONS OF THE CLARB NATIONAL EXAMINATION OR A SIMILAR EXAMINATION, ARRANGE
FOR THE COMMISSION OFFICE TO RECEIVE A CERTIFICATE OR OTHER EVIDENCE OF YOUR PASSING SCORE. THE
JURISDICTION WHERE YOU TOOK THE EXAM MAY SEND VERIFICATION DIRECTLY TO THE COMMISSION OFFICE, OR
YOU MAY REQUEST AN EXAMINATION VERIFICATION OR CLARB COUNCIL RECORD FROM www.clarb.org.

SECTION III.

ENTER THE FOLLOWING INFORMATION ABOUT YOUR EDUCATION.

<table>
<thead>
<tr>
<th>COLLEGE / UNIVERSITY</th>
<th>MAJOR</th>
<th>DATES ATTENDED FROM</th>
<th>TO</th>
<th>DEGREE &amp; DATE CONFERRED</th>
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ARRANGE FOR THE COMMISSION OFFICE TO RECEIVE AN OFFICIAL TRANSCRIPT(S) DIRECTLY FROM THE COLLEGE OR UNIVERSITY TO THE COMMISSION OFFICE.
SECTION IV.

EXPERIENCE: START WITH MOST RECENT POSITION AND WORK BACKWARDS. ATTACH ADDITIONAL SHEETS AS NEEDED.

<table>
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<tr>
<th>DATE FROM</th>
<th>DATE TO</th>
<th>STATE NATURE, CHARACTER &amp; MAGNITUDE OF WORK. NAME, TITLE &amp; LICENSE OF SUPERVISOR. DESCRIPTION OF KEY WORK FEATURES</th>
<th>PART-TIME* TIME EMPLOYED</th>
<th>FULL-TIME TIME EMPLOYED</th>
<th>NAME, PHONE &amp; FULL ADDRESS OF EMPLOYER</th>
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* INDICATE NUMBER OF HOURS WORKED PER WEEK FOR EACH ENTRY.

AFFIDAVIT

STATE OF ________________________, COUNTY OR PARISH OF ________________________.

ON THIS _______ DAY OF ________________________, ____________, BEFORE ME PERSONALLY APPEARED

______________________________________________________________________________ KNOWN TO ME TO BE THE PERSON

HEREIN DESCRIBED, AND AS HAVING SIGNED THIS APPLICATION, AND ON OATH AFFIRMS THAT ALL THE STATEMENTS

HEREIN MADE ARE TRUE.

______________________________________________________________________________
Notary Public

(SEAL) _______________________________________
Signature of Applicant