



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS

INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
DISCIPLINARY ACTION DISCLOSURE			
<i>NOTE: Failure to disclose disciplinary action may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)			
	NO	YES	
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

**APPLICATION FOR LICENSURE AS A
 LANDSCAPE ARCHITECT**

CHECK ONE	TYPE OF APPLICATION	FEE	CRIMINAL HISTORY	LICENSE FEE	TOTAL FEES DUE
	EXAM (LARE)	\$50	\$21	\$70	\$141
	RECIPROCITY	\$50	\$21	\$70	\$141
	CLARB**	\$50	\$21	\$70	\$141
	REINSTATEMENT OF LAPSED LICENSE (UP TO 2 YEARS)	SEE INSTRUCTIONS FOR FEE SCHEDULE	_____	_____	_____

Office Use Only:
 1446—\$50
 2619—\$21.00
 1421 - \$70.00

Office Use Only
 Check # _____
 Amount: _____
 Cash # _____
 Lic. # _____
 Issue Date _____
 Exp. Date _____

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:	
NAME OF CARDHOLDER (please print)	<i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
the following amount: \$ _____	
<input type="checkbox"/> I UNDERSTAND THAT FEES ARE NON-REFUNDABLE	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
SIGNATURE	DATE

NAME: _____

PRACTICAL EXPERIENCE

This section to be used to verify qualification for licensure when the applicant **does not** have CLARB certification. In addition to completing this chart, the applicant must also provide a signed employment verification form for each employer listed.

*If part-time work is noted, state average number of hours per week. **If “other” kinds of work are noted, please describe.

Each employer noted must also sign an experience verification form.

Full Name & Complete Address of Supervisors of work experience	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other— Explain*
		Part* Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						

**MAINE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS
35 STATE HOUSE STATION
AUGUSTA, ME 04333**

RECORD OF LANDSCAPE ARCHITECTURAL EXPERIENCE

Complete one of these forms for each employer. Both you and your supervisor must sign the form.

****PLEASE PRINT LEGIBLY****

Applicant's Name: _____

Name of Company: _____

Address: of Company: _____

Supervisor's Name: _____ **Phone #:** (____) _____

Supervisor's Lic #: _____ **State:** _____ **Type of License:** _____

(If Applicable)

Applicant's Dates of Employment: from: ___/___/___ to: ___/___/___ **Hours per Week:** _____

Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate box below. If the unsatisfactory box is checked for technical competence or professional conduct, please attach a letter of explanation.

Code Research	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Construction Contract Admin	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Construction Documentation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Cost Estimation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Detail Construction Drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Field Observation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Grading & Drainage Construction Drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Grading & Drainage Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Landscape Architectural Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Office Administration	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Other: _____	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Permitting & Codes	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Permitting	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Planting Construction Drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Planting Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Project Administration	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Site Analysis	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Site Programming	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Specification Writing	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed

Record of Landscape Architectural Experience

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Applicant's Name: _____

Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate box below. If the unsatisfactory box is checked for technical competence or professional conduct, please attach a letter of explanation.

Technical Competence:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Professional/Ethical Conduct:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

How was the diversified experience in landscape architecture noted above acquired?

√ *Check all that apply*

- 1. As a principal lawfully practicing as a landscape architect.
- 2. Under the direct supervision of a landscape architect who is lawfully authorized to practice landscape architecture.
- 3. Under the direct supervision of a civil engineer, architect or credentialed planner who is lawfully authorized to practice.
- 4. As a Teacher in a LAAB-accredited program. What % of total? _____
- 5. The diversified experience was directly related to on-site construction, maintenance, or installation procedures. What % of total? _____
- 6. Non-diversified experience under the direct supervision of a landscape architect, civil engineer, architect or urban or regional planner who is lawfully authorized to practice. What % of total? _____

I concur that the hours and type of experience reported for this time period are accurate.

Applicant Signature _____ Date Signed: _____

Supervisor's Signature _____ Date Signed: _____

Mail To:

Maine Board of Architects, Landscape Architects & Interior Designers
35 State House Station
Augusta, ME 04333

**APPLICATION FOR LANDSCAPE ARCHITECT LICENSE
VIA RECIPROCITY WITH CLARB RECORD**

Applicant is a current licensee of another state. The applicant files application through the Council of Landscape Architectural Registration Boards (CLARB).

An application file shall consist of:

- State of Maine Application page1
- Non-refundable Application Fee of \$141.00 (Make checks payable to, "Treasurer, State of Maine")
- CLARB Record indicating Current License in Another State transmitted directly from CLARB to the Board

Upon receipt and verification of all of the items listed above, the Maine Board will mail you a license via regular U.S. Mail usually within a couple of weeks unless there is a problem. If we are missing something we will contact you.

If the application is denied, the applicant will be notified in writing of deficiencies and has 30 days to appeal.

All licenses renew annually on June 30th.

**APPLICATION FOR LANDSCAPE ARCHITECT LICENSE
VIA RECIPROCITY WITH ANOTHER STATE
(NON-CLARB)**

Applicant is a current/active licensee of another state who does not hold a current/active CLARB certification.

1. Review Board Rules Chapter 13 to determine which pathway to licensure you qualify for.
 - a. The number of years of experience to be verified varies depending upon whether you have a degree, OR the type of degree you have
1. Complete the State of Maine Application Form pages 1 and 2
2. Complete an Architectural Experience Verification Form for each employer signed by supervisor who is a licensed architect
3. Submit College Transcripts (if applicable)
4. Submit Verification of Current/Active License
 - a. This is **NOT** a copy of your license; contact your licensing Board
5. Original Verification of passage of the Architectural Registration Exam (ARE)
 - a. Call the licensing Board with whom you took the exam
6. Enclose a check for the \$141 Non-Refundable Application Fee (payable to "Treasurer State of Maine") and mail via regular U.S. Mail to:

MAINE BD OF ARC, LARC & CIDs
35 STATE HOUSE STATION
AUGUSTA, ME 04333

Upon receipt and verification of all of the items listed above, the Maine Board will mail you a license via regular U.S. Mail usually within a couple of weeks unless there is a problem. If we are missing something we will contact you.

If the application is denied, the applicant will be notified in writing of deficiencies and has 30 days to appeal.

All licenses renew annually on June 30th.

**APPLICATION TO TAKE THE
LANDSCAPE ARCHITECT REGISTRATION EXAM (LARE)**

****Please see Board Rules Chapter 13 for detailed requirements to qualify to sit for the LARE****

2. Review Board Rules Chapter 13 to determine which pathway to licensure you qualify for.
 - a. The number of years of experience to be verified varies depending upon whether you have a degree, OR the type of degree you have
3. Complete the State of Maine Application Form pages 1 and 2
4. Complete an Landscape Architectural Experience Verification Form for each employer signed by supervisor who is a licensed landscape architect (2 pages)
5. Submit College Transcripts (if applicable)
6. Enclose a check for the \$141 Non-Refundable Application Fee (payable to “Treasurer State of Maine”) and mail via regular U.S. Mail to:

MAINE BD OF ARC, LARC & CIDs
35 STATE HOUSE STATION
AUGUSTA, ME 04333

Upon receipt of a complete application, the Board reviews the education and experience documentation and determines eligibility to sit for the ARE. If approved the Board Clerk will forward testing information to the testing company and notify applicant of approval. All other testing information will come from the testing company. If the application is denied, the applicant will be notified in writing of deficiencies and has 30 days to appeal.

**APPLICATION FOR REINSTATEMENT OF A
LANDSCAPE ARCHITECT LICENSE WHICH
HAS LAPSED MORE THAN 90 DAYS
BEYOND THE EXPIRATION DATE**

Licensees whose licenses have lapsed beyond 90 days after the expiration date but within two years of the expiration date may request reinstatement by contacting the board for a paper renewal and submitting an official request for reinstatement along with the appropriate fee indicated below:

Reinstatement fee:	\$ 50.00	This is a one time fee.
Back Renewal fees:	\$ 70.00	For each year beyond the expiration date.
Back Late fees:	\$ 50.00	For each year beyond the expiration date.

Licensees whose licenses have lapsed beyond two years after the expiration date must re-apply as a new

Licensees may also be subject to disciplinary action from the Board if it becomes evident there has been unlicensed practice.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333-0035

Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8522 TTY users call Maine Relay 711 Fax: (207) 624-8637 www.maine.gov/professionallicensing

Frequently Asked Questions:

Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035

Where are you located? 76 Northern Avenue, Gardiner, Maine.

What hours are you open? 8:00 AM to 5:00 PM weekdays.

Can I come to Gardiner to drop off my application? Yes. You will not leave with a license, though.

Can I come to Gardiner to pick up my license? No. Your license will be mailed to you.

How long does it take to process an application? You can check our website:

www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE, you are authorized to practice.

How far back do I go answering the disciplinary action question? Any disciplinary action, ever.

Is a CLARB certification required for a reciprocal license? No, but it is the fastest way to become licensed since it does not require board approval or an interview. CLARB applications can be completed within a couple of weeks assuming the application is complete.

Can a landscape architect without a CLARB certificate obtain a reciprocal license? Yes, the applicant must provide extensive verification of all education and experience which will be evaluated by the board. An interview is also required which will not be scheduled until the application has been received and evaluated.

How long does it take to approve a reciprocal license? It could take several months depending on the documentation submitted and the interview schedule.

Does Maine license companies? No.

Does Maine have a continuing education requirement for renewal? No.

Is there a charge to send my registration history and/or exam scores to another state for a reciprocal license or to CLARB for certification? Yes, the fee is \$10.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the disciplinary action disclosure question
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.