STATE OF ARIZONA
BOARD OF TECHNICAL REGISTRATION
1110 W. Washington St., Suite 240, Phoenix, Arizona 85007, (602) 364-4930 FAX: (602) 364-4931 https://btr.az.gov

APPLICATION FOR PROFESSIONAL LANDSCAPE ARCHITECT REGISTRATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FEE $100.00

1. GENERAL INFORMATION

Name: Last_____First_____Middle _____

Date of Birth_____Social Security # (Mandatory) _____

Residence Address _____ Apt/Suite/Unit: _____

City, State, Zip/Postal Code_____Tel.# _____

Business Name: _____

Business Address: _____ Suite/Unit: _____

City, State, Zip/Postal Code_____Tel.# _____

Email _____

If you have been legally known by another name(s) list here with explanation and documentation:

_____

_____

2. BACKGROUND

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) *and related official documentation*.

Please refer to the "**Important Notice to Applicants**" in the Instructions.

1. Have you ever been the subject of professional disciplinary action for any license you hold, or do you now have such action pending against you in any state or jurisdiction (including in Arizona)? Yes ☐ No ☐

2. Have you ever been arrested for or convicted of a criminal offense, including misdemeanors such as DUI? Even if on appeal, you must disclose. Yes ☐ No ☐
   ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.)

Internal Use only:

Receipt Number:_____ Amount Paid:_____

Criminal History Check Completed

No Further Action Required ☐
Further Information Required ☐
Initials:_____
Date:_____

Applicant Name _____

3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Issued by each state/jurisdiction)

EXAMS TAKEN:

LARE State_____Year Passed_____

PROFESSIONAL REGISTRATIONS/CERTIFICATIONS: (Please provide a complete list)

Profession	State/ jurisdiction	Year Reg./Cert.	Reg./Cert.#	How registered/certified - (exam, education and experience, etc.)	Hrs. of Written exam	Active/ Canceled

4. PENDING APPLICATIONS

Do you have a professional registration/certification application pending in any other state or jurisdiction? Yes ☐ No ☐

If "yes," please list state/jurisdiction and license status_____

5. NATIONAL CERTIFICATES OF QUALIFICATION

Do you hold a CLARB certificate? Yes ☐ No ☐

Certificate Number	Issue Date	Status

If yes please skip sections 6, 7, and 8

6. EDUCATION

ALL EDUCATION RELEVANT TO THIS APPLICATION MUST BE VERIFIED BY CERTIFIED TRANSCRIPTS FORWARDED DIRECTLY FROM THE REGISTRAR'S OFFICE OF THE COLLEGE OR UNIVERSITY ATTENDED. Transcripts of non-degreed applicants other than seniors claiming educational credit must be forwarded and received, including an outline of the nature and extent of studies, prior to admission to examination (seniors should not have transcripts forwarded until a degree has been awarded).

Name and Location of Institution	Years: From-To	Date Graduated	Major/Minor	Type of Degree
	TO			
	TO			

7. QUALIFYING EXPERIENCE

The applicant's current and former employers must verify all experience on the Certificate of Experience Record and Reference forms provided to them. Experience must be gained in accordance with A.R.S. 32-122.01. If experience was not gained under a professional registrant, provide your reference's resume along with the Certificate of Experience Record and Reference form *Pursuant to A.A.C. R4-30-201 (A)(11)(12)(14). If you cannot supply the names and addresses of three registered supervisors, you must provide to the Board a written, sworn statement explaining the inability to provide this information; See Section 8.*

Employment dates on the Certificate of Experience forms must match dates in the Qualifying Experience Section.

Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From To	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Applicant Name _____

8. REFERENCES

If you cannot supply the names and addresses of three registered supervisors, provide an explanation in the space below the table, and list the names and addresses here of three personal references unrelated to you, at least two of whom shall be registered/certified in the category in which registration/certification is sought. Have your references verify your qualifications on the Certificate of Experience Record and Reference form. *Pursuant to A.A.C. R4-30-201 (A)(11)(12)(14).*

Name	Address and Telephone Number	Position

9. CERTIFICATION/RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge.

I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

_____ _____

Signature of Applicant Date

NOTICE

Knowingly making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.

Arizona Revised Statutes ("A.R.S.") 41-1030(B) states that "[a]n agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition."

A.R.S. 41-1030(D) states that "[t]his section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section."

A.R.S. 41-1030(E) states that "[a] state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy."

A.R.S. 41-1030(F) states that "[t]his section does not abrogate the immunity provided by section 12-820.01 or 12-820.02."