



RECIPROCITY APPLICATION

All items are mandatory. Information provided will be used to determine qualifications for California licensure. Please read the attached instructions and disclosures.

Section I – Completed by Applicant

Reciprocity candidates are required to complete and submit this application to the Landscape Architects Technical Committee (LATC). Please read the attached instructions for the full requirements.

NAME: _____
(Last) (First) (Middle)

KNOWN BY ANY OTHER NAME: _____
(Include Maiden Name)

ADDRESS: _____
(Number and Street) (City) (State) (Zip Code)

WORK PHONE: (____) _____ HOME PHONE: (____) _____ Male Female

BIRTHDATE (Month/Day/Year): _____ INDIVIDUAL TAXPAYER IDENTIFICATION # or
 SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

By providing your email address you will be subscribed to receive email alerts with important news about LATC activities such as proposed and final changes to law and regulations and meeting notices. You may opt out by checking here:

Do you hold a current and valid license in a United States jurisdiction, Canadian province or Puerto Rico? Yes No

If yes, list current license information:

LICENSE JURISDICTION <i>(State or Province)</i>	LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE

Have you ever had a landscape architecture license denied, suspended, or revoked? Yes No
 If yes, attach explanation.

Have you ever been disciplined by another public agency? Yes No
 If yes, attach explanation.

Have you served as an active duty member of the United States Armed Forces **and** were honorably discharged? Yes No

If yes, you may qualify for expedited application processing by providing a copy of your DD214 (Certificate of Release or Discharge from Active Duty).

Reciprocity Application Evaluation Fee – Non Refundable	\$35.00
California Supplemental Examination – Will be refunded if you are deemed ineligible for Reciprocity	\$275.00
Payment must be included with the Application. Debit and credit cards are not accepted. Total	\$310.00

For Official Use Only: Date Received	Receipt #	Amount Received \$	ATS #
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Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country?

Yes No

This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were later dismissed pursuant to California Penal Code (CPC) sections 1203.4, 1203.4a, or 1203.41, or equivalent non-California law, MUST be disclosed. (If you have obtained a dismissal of your conviction(s) pursuant to the aforementioned CPC sections, please submit a certified copy of the court order dismissing the conviction(s) with your application.) **Convictions that were adjudicated in juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported.**

If you answered "yes", attach an explanation. Indicate the date and place of arrest, name of court, court case number, code section violated, a brief explanation of the offense, and sentence imposed. If convicted under another name, please indicate that name. **You may omit:**

- ◆ Any traffic infraction for which the fine imposed was \$1000 or less.
- ◆ Any incident that has been sealed or disposed of under California Welfare and Institutions Code section 781, Penal Code sections 1000.3, 1000.5 or 1203.45

All Other Convictions Must be Disclosed.

Is any criminal action pending against you **or** are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? If yes, attach an explanation.

Yes No

EDUCATION

A Masters, Bachelors, Associates degree, or Extension Certificate in **Landscape Architecture**, or a Masters or Bachelors degree in Architecture (from an NAAB accredited school) is required to be eligible for reciprocity, in addition to training/experience.

COLLEGE OR UNIVERSITY (Name and Location)	COURSE OF STUDY	DEGREE RECEIVED	DATE RECEIVED

EXPERIENCE:

List dates of employment in chronological order, beginning with the most recent. List only employment actually spent in landscape architecture, architecture, civil engineering or self-employment as a licensed landscape contractor. Each entry must be supported with a completed Certification of Experience form. If you were/are a self-employed licensed landscape contractor for the time period claimed, a copy of your license is required.

PERIOD OF EMPLOYMENT	BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER	NAME AND LICENSE # OF DIRECT SUPERVISOR
FROM ___/___/___ TO ___/___/___ TOTAL: YR. ___ MO. ___ FULL-TIME ___ PART-TIME ___ HOURS PER WEEK: _____		
FROM ___/___/___ TO ___/___/___ TOTAL: YR. ___ MO. ___ FULL-TIME ___ PART-TIME ___ HOURS PER WEEK: _____		
FROM ___/___/___ TO ___/___/___ TOTAL: YR. ___ MO. ___ FULL-TIME ___ PART-TIME ___ HOURS PER WEEK: _____		

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature: _____

Date: _____

Section II – Completed by the Licensing/Member Jurisdiction

Applicant's Name:

LICENSE JURISDICTION <i>(State or Province)</i>	LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE

Has this licensee ever faced disciplinary action?

Yes No

If yes, attach explanation.

EXAM	Section	Score	Section	Score	Section	Score	Section	Score	Section	Score
LARE 09/12 - Present	1		2		3		4			
LARE 4/06 - 06/12	A		B		C		D		E	
LARE 6/99 - 12/05	A		B		C		D		E	
LARE 12/96 - 12/98	1		2		3		4		5	
	6		7							
PELA 6/93 - 6/96	1		2		3					
LARE 1992 - 6/96	1		2		3		4		5	
	6		7							
UNE 1988 - 1991	1		2		3		4		5	
UNE 1986 - 1987	1		2		3		4			
UNE 1976 - 1985	A		B		C		D			
UNE 1969 - 1975	C		D		E		F1		F2	
	G									

I certify that the information contained herein is true and correct.

Executed on _____ at _____
Date City or County State

Certifier Name (please print) Certifier Signature Email Address

Street Address City State Zip Code Telephone Number

SEAL

RECIPROCITY CERTIFICATION OF EXPERIENCE

Section III – Completed by Reciprocity Applicant

All Reciprocity applicants are required to complete this certification along with the Application and submit it to the Landscape Architect's Technical Committee (LATC).

NAME: _____
(Last) (First) (Middle)

KNOWN BY ANY OTHER NAME: _____
(Include Maiden Name)

ADDRESS: _____
(Number and Street) (City) (State) (Zip Code)

WORK PHONE: (____) _____ HOME PHONE: (____) _____

Section IV – Completed by Applicant or Licensed Supervisor. The LATC will not accept the Certification of Experience form without an original signature.

The applicant was employed by _____ and worked for said employer as described
Print or type name of employer
from _____ to _____. Full Time Part Time – Number of hours per week _____
Month/Year Month/Year

Check the box(s) that identifies your **business relationship** to the applicant:

Employer Landscape Architect Architect Civil Engineer

Other, specify relationship and explain how you are able to assess the applicant's knowledge and skills in landscape architecture

Check the box(s) that identifies the **capacity** in which the applicant worked:

Draftsperson Planning Contractor Other _____
 Designer Supervising Employee

List specific tasks performed in landscape architecture by the applicant of which you have knowledge. The listed tasks must be related to your **business relationship** to the applicant and the **capacity** in which the applicant worked:

I certify under penalty of perjury that the information contained in this certification is true and correct.

Executed on _____ at _____
Date City or County State

Certifier Name (please print)

Certifier Signature

Email Address

License#

Issue Date

Expiration Date

Street Address

City

State

Zip Code

Telephone Number

INSTRUCTIONS AND DISCLOSURES

The following must be received by the LATC prior to the Reciprocity Application being reviewed:

1. Application – complete with original signature.
2. Application evaluation fee of \$35.00 is required and is **non-refundable** (pursuant to Business and Professions Code 158). In addition, the CSE fee of \$275 is required but will be refunded if you are deemed to be ineligible for reciprocity. The total amount to be included with the application is \$310. Money order, cashiers check or personal check must be made payable to "LATC." Credit cards are not accepted at this time.
3. The reciprocity applicant completes Section I. The Licensing/Examining Member Board completes Section II.
4. Sealed/Official school transcript – Include only the transcript(s) used to qualify. The transcript(s) must indicate "Degree Conferred". The transcript(s) may be mailed directly from the educational institution; however, the candidate is responsible for its timely arrival.
5. The Certification(s) of Experience/Employment form with an original signature(s) must be submitted.
6. **In lieu of a Sealed/Official Transcript and/or Certification of Experience/Employment form, you may submit a copy of your CLARB Council Record that reflects your qualifying degree and experience.**
7. If applicable, reasonable accommodation request and all required documentation.

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) Disclosure: Disclosure of your SSN or ITIN is mandatory. Business and Professions Code Section 30 and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Collection and Use of Personal Information: The LATC, under the auspices the California Architects Board and the Department of Consumer Affairs, collects the personal information requested on this form as authorized by Business and Professions Code sections 5630, 5650, 5651, 5652 and Civil Code Section 1798.17. The LATC uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses and enforce licensing standards set by law and regulation.

Mandatory Submission: Submission of the requested information is mandatory. The LATC cannot consider your application for examination unless you provide all of the requested information.

Access to Your Information: You may review the records maintained by the LATC that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: The LATC makes every effort to protect the personal information you provide. The information you provide may also be disclosed in the following circumstances, according to the provisions of Title 16, Division 26, California Code of Regulations section 2608:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information For questions about this application or access to your records, you may contact the Landscape Architects Technical Committee, 2420 Del Paso Road Suite 105, Sacramento, CA 95834, (916) 575-7230 or email latc@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 North Market Blvd, Sacramento, CA 95834, (866) 785-9663, or email privacy@dca.ca.gov.

Reciprocity Application Checklist:

- Reciprocity Application Section I – with original signature
- Examination History Section II- with original signature from licensing jurisdiction
- Sealed/Official Transcript (or copy of your CLARB Council Record that reflects your qualifying degree and experience)
- Certification(s) of Experience/Employment Sections III and IV – with original signature(s)
- Reciprocity Application Evaluation and California Supplemental Examination Fees

(Rev 2/2017)
