



CERTIFICATION OF EXPERIENCE

Section I – Completed by Candidate

All first-time California candidates are required to complete this certification along with the Eligibility Application and submit it to the Landscape Architects Technical Committee (LATC). All materials must be postmarked at least 45 days prior to the licensing examination for which you wish to receive eligibility. All items are mandatory. The information provided will be used to determine qualifications for examination. Please read the attached disclosure information. The LATC will not accept the Certification of Experience form without an original signature or with any strikeouts or deletions.

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 II – Supervisory Certification

Completed by supervisor

This will certify that the above-named candidate worked under my direct supervision for the following time period:

From _____ To _____ [] Full Time [] Part Time Hours/Week _____

Supervisor's License Type License# State Issued Country Issue Date Expiration Date

Business Address City State Zip Code Country Business Phone Number

Check the box(s) that identifies the type(s) of work performed by the candidate:

[] Landscape Architecture [] Architecture [] Civil Engineering

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

Executed on _____ at _____

Supervisor Name (please print)

Supervisor Signature

Section III – Self-Certification

Completed by candidate with qualifying licensed experience

This will certify that I worked under my own license for the following time period:

From _____ To _____ Full Time Part Time Hours/Week _____
Month/Year Month/Year

Candidate's License Type License# State Issued Country Issue Date Expiration Date

Business Address City State Zip Code Country Business Phone Number

Check the box(s) that identifies the type(s) of work you performed:

Landscape Architecture Architecture Civil Engineering Landscape Contracting

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

Executed on _____ at _____
Date City or County State Country

Candidate Name (please print)

Candidate Signature

DISCLOSURES

Collection and Use of Personal Information. The LATC and California Architects Board (CAB) of the Department of Consumer Affairs (DCA) collect the personal information requested on this form as authorized by Business and Professions Code sections 5630, 5650, 5651, 5652 and Civil Code section 1798 et seq. The LATC and CAB use this information principally to identify and evaluate applications for examination and licensure, to 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 and CAB that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. The LATC and CAB make every effort to protect the personal information you provide. The information you provide may be disclosed in the following circumstances:

- 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
- To a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the LATC at 2420 Del Paso Road Suite 105, Sacramento, CA 95834, (916) 575-7230 or email latc@dca.ca.gov. For questions about the DCA's privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 North Market Boulevard, Sacramento, CA 95834, (866) 785-9663, or email privacy@dca.ca.gov.