



ELIGIBILITY APPLICATION

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: _____

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

*All first-time California candidates are required to complete and submit this application to the Landscape Architects Technical Committee (LATC). All materials must be **received** at least **45** days prior to the licensing examination for which you wish to receive eligibility. 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
INDIVIDUAL TAXPAYER IDENTIFICATION # or

BIRTHDATE (Month/Day/Year): _____ 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 changes to the examination, proposed and final changes to law, and meeting notices. You may opt out by checking here:

Have you ever been licensed to practice landscape architecture? Yes No
 If yes, attach explanation.

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

Have you served as an active duty member of the United States Armed Forces **and** were honorably discharged? If yes, you may qualify for expedited application processing by providing a copy of your DD214 (Certificate of Release or Discharge from Active Duty). Yes No

Application Evaluation Fee – Not Refundable **\$35.00**
 Payment must be included with the Application. Credit or debit cards are not accepted.

For Official Use Only:	Date Received	Receipt #	Amount Received \$	ATS #
------------------------	---------------	-----------	--------------------	-------

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 the licensing exam, in addition to training/experience.

COLLEGE OR UNIVERSITY <i>(Name and Location)</i>	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: _____		

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

Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the Unites 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 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



INSTRUCTIONS AND DISCLOSURES

The following documentation must be received by the LATC prior to the Eligibility Application being reviewed and at least 45 days prior to the date of the licensing examination section(s) for which you wish to receive eligibility. Completed applications received after the final filing date will be processed for the next examination administration:

1. Application – complete with original signature.
2. Application evaluation fee of \$35.00 is required and non-refundable. Payment must be included with your application. Money order, cashiers check or personal check must be made payable to "LATC." Credit or debit cards are not accepted.
3. 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.
4. Certification(s) of Experience – complete with original signature(s). If you hold a qualifying degree or extension certificate and are applying to take Section 1 and/or 2 of the licensing examination only, the certification of experience form is not required. However, you must submit this form before you will be eligible for Sections 3 and 4 of the licensing examination.

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.

Eligibility Application Checklist:

- Eligibility Application – with original signature
- Sealed/Official Transcript
- Certification(s) of Experience – with original signature(s) (Sections 3 & 4)
- Application Evaluation Fee