



# Landscape Architects Technical Committee

Public Protection through Examination, Licensure, and Regulation



Governor  
Gavin Newsom

## RECIPROCITY APPLICATION Section I – Completed by Applicant

Reciprocity candidates are required to complete and submit this application to the Landscape Architects Technical Committee (LATC). All items are mandatory. Information provided will be used to determine qualifications for California licensure. Please read the attached instructions and disclosures.

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

KNOWN BY ANY OTHER NAME: \_\_\_\_\_  
(Include Maiden Name)

ADDRESS: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

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 changes to the examination, proposed and final changes to law, 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 (State or Province)	LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE

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

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

3. 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).

4. Are you a spouse/domestic partner of an active duty military member of the U.S. Armed Forces who is assigned to a duty station in California under official active duty military orders?  Yes  No  
Individuals married to, or in a domestic partnership (or other legal union) with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders will receive expedited license processing.

Individuals eligible for this option must attach to this application proof of marriage or domestic partnership (or other legal union) and hold a current landscape architect license in another state, district, or territory of the U.S.

<b>Reciprocity Application Evaluation Fee – Non Refundable</b>	\$100.00
<b>California Supplemental Examination – Will be refunded if you are deemed ineligible for Reciprocity</b>	\$350.00
<b>Payment must be included with the Application. Debit and credit cards are not accepted. Total</b>	<b>\$450.00</b>

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

5. 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 11360(b) that 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 or CPC sections 1000.3, 1000.5 or 1203.45.

**All Other Convictions Must be Disclosed.**

6. 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**

List qualifying education experience. Each entry must be supported with an official transcript from the educational institution.

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 landscape construction. Each entry must be supported with a completed Certification of Experience form (see pages 4-5). If you have been 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: \_\_\_\_\_



## RECIPROCITY APPLICATION CERTIFICATION OF EXPERIENCE

(CLARB Council Record may be transmitted by CLARB in lieu of Sections III, IV and V)

### 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 Architects Technical Committee (LATC). **The LATC will not accept the Certification of Experience form without an original signature.**

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 Licensed 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 \_\_\_\_\_  
Month/Year Month/Year

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 \_\_\_\_\_  
Date City or County State Country

\_\_\_\_\_  
Supervisor Name (please print)

\_\_\_\_\_  
Supervisor Signature

**Section V – Completed by Reciprocity Applicant**

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
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Business Address	City	State	Zip Code	Country	Business Phone Number
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Check the box(s) that identifies the type(s) of work you performed:

Landscape Architecture     Architecture     Civil Engineering     Landscape Construction

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
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**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 \$100.00 is required and is **non-refundable** (pursuant to California Business and Professions Code section 158). In addition, the CSE fee of \$350.00 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 \$450.00. A money order, cashier's 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/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" and may be mailed directly from the educational institution; however, the candidate is responsible for its timely arrival.
5. The Reciprocity Application Certification of Experience form(s) with an original signature(s) must be submitted.
6. **In lieu of a Sealed/Official Transcript and/or Certification of Experience form, you may submit a copy of your CLARB Council Record that reflects your qualifying degree and experience.**
7. If applicable, reasonable accommodation requests and all required documentation.

**Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) Disclosure:** Disclosure of your SSN or ITIN is mandatory, and collection of this information is authorized by California Business and Professions Code sections 30 and 31. 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 17520 of the California Family Code, or for verification of licensure or examination status by a licensing or examination entity that 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 of the California Architects Board and the Department of Consumer Affairs, collects the personal information requested on this form to determine qualifications for a landscape architect license. California Business and Professions Code sections 27, 141, 480, 5650, 5651, 5652, and 5654 authorize the collection of this information.

**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 (California Civil Code section 1798 et seq.). 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 California Business and Professions Code section 30, California Civil Code section 1798.24, and CCR, title 16, division 26, article 1, section 2608:

- In response to a California Public Records Act (California Government Code section 6250 et seq.) request, as allowed by the Information Practices Act (California Civil Code section 1798 et seq.);
- 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** The Executive Officer of the Board is responsible for maintaining the information in this application, and may be contacted at 2420 Del Paso Road, Suite 105, Sacramento, CA 95834, (916) 574-7220 regarding questions about this notice or access to records. For questions about this application you may contact the Program Manager of the Landscape Architects Technical Committee 2420 Del Paso Road, Suite 105, Sacramento, CA 95834, (916) 575-7230 or email [latc@dca.ca.gov](mailto:latc@dca.ca.gov).

**NOTICE:** The State Board of Equalization and the Franchise Tax Board may share taxpayer information with the LATC. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid. (California Business and Professions Code section 31, subdivision (e).)

**Fingerprinting Requirement** Starting January 1, 2022, all new applicants for licensure by the LATC must submit a full set of fingerprints for the purpose of conducting a federal and state criminal history record check. Fingerprints are compared to the records of the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) to determine if the applicant has a criminal history.

For more information see the Fingerprinting FAQs on LATC's website at [www.latc.ca.gov](http://www.latc.ca.gov).

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**Reciprocity Application Checklist:**

- Reciprocity Application Section I – with original signature*
- Examination History (Section II) – with original signature from licensing jurisdiction (or CLARB Council Record)*
- Sealed/Official Transcript (or CLARB Council Record that reflects your qualifying degree)*
- Certification(s) of Experience (Section III, IV and V – with original signature(s) (or CLARB Council Record)*
- Certification(s) of Experience (Section III, IV and V – with original signature(s) (or CLARB Council Record)*