



**STATE OF MAINE**  
**DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION**  
**OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION**  
**BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS**

**INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>CRIMINAL BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. <b>Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. <b>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

**APPLICATION FOR LICENSURE AS A  
 LANDSCAPE ARCHITECT**

CHECK ONE	TYPE OF APPLICATION	FEE	CRIMINAL HISTORY	TOTAL FEES DUE
	EXAM (LARE)	\$100	\$21	\$121
	RECIPROCITY	\$100	\$21	\$121
	CLARB**	\$100	\$21	\$121
	REINSTATEMENT OF LAPSED LICENSE (UP TO 2 YEARS)	SEE INSTRUCTIONS FOR FEE SCHEDULE	_____	_____

Office Use Only: 1446—\$100 2619—\$21.00
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Office Use Only Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____
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<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD      the following amount: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	

NAME: \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND SIGNATURE**

*Read the statement below and sign where indicated as your certification of the information provided on this application.*

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief.

I will not perform or contract for any architectural services in the state of Maine until such time as this application is approved and a license has been granted to me by the Maine Board.

By submitting this application I understand that the Maine Board of Architects, Landscape Architects and Interior Designers will rely upon this information for issuance of my license and that this information is truthful and factual.

I further understand that sanctions may be imposed, including denial, suspension or revocation of my license if this information is found to be false.

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS SECTION FOR NON-CLARB APPLICATIONS ONLY -**

**EDUCATION**

Please have an official copy of your college transcript(s) forwarded to this office

**EXPERIENCE**

Please complete an experience verification form for each employer with whom you have gained your professional experience.

**EXAM**

Please list the state with which you took the national exam: \_\_\_\_\_  
(LARE)

Please provide an original verification of exam from that state.

**LICENSURE**

Please list the state(s) with which you currently hold an active license AND enclose an original verification of current licensure from at least one state.

\_\_\_\_\_

**NAME:**

**PRACTICAL EXPERIENCE**

**This section to be used to verify qualification for licensure when the applicant does not have CLARB certification. In addition to completing this chart, the applicant must also provide a signed employment verification form for each employer listed.**

**\*If part-time work is noted, state average number of hours per week. \*\*If “other” kinds of work are noted, please describe.**

**Each employer noted must also sign an experience verification form.**

Full Name & Complete Address of Supervisors of work experience	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other— Explain*
		Part* Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						

**MAINE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333**

**RECORD OF LANDSCAPE ARCHITECTURAL EXPERIENCE**

Complete one of these forms for each employer. Both you and your supervisor must sign the form.

**\*\*PLEASE PRINT LEGIBLY\*\***

Applicant's Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: of Company: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Supervisor's Lic #: \_\_\_\_\_ State: \_\_\_\_\_ Type of License: \_\_\_\_\_

*(If Applicable)*

Applicant's Dates of Employment: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_

Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate box below. If the unsatisfactory box is checked for technical competence or professional conduct, please attach a letter of explanation.

Code Research	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Construction Contract Admin	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Construction Documentation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Cost Estimation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Detail Construction Drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Field Observation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Grading & Drainage Construction Drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Grading & Drainage Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Landscape Architectural Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Office Administration	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Other: _____	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Permitting & Codes	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Permitting	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Planting Construction Drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Planting Design	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Project Administration	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Site Analysis	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Site Programming	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed
Specification Writing	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Exposed

**Record of Landscape Architectural Experience**

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Applicant's Name: \_\_\_\_\_

Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate box below. If the unsatisfactory box is checked for technical competence or professional conduct, please attach a letter of explanation.

<b>Technical Competence:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Professional/Ethical Conduct:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

**How was the diversified experience in landscape architecture noted above acquired?**

√ **Check all that apply**

- 1. *As a principal lawfully practicing as a landscape architect.*
- 2. *Under the direct supervision of a landscape architect who is lawfully authorized to practice landscape architecture.*
- 3. *Under the direct supervision of a civil engineer, architect or credentialed planner who is lawfully authorized to practice.*
- 4. *As a Teacher in a LAAB-accredited program. What % of total? \_\_\_\_\_*
- 5. *The diversified experience was directly related to on-site construction, maintenance, or installation procedures. What % of total? \_\_\_\_\_*
- 6. *Non-diversified experience under the direct supervision of a landscape architect, civil engineer, architect or urban or regional planner who is lawfully authorized to practice. What % of total? \_\_\_\_\_*

I concur that the hours and type of experience reported for this time period are accurate.

Applicant Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Mail To:**

Maine Board of Architects, Landscape Architects & Interior Designers  
35 State House Station  
Augusta, ME 04333

## **LICENSURE OF LANDSCAPE ARCHITECTS**

Landscape Architects can become licensed by one of the following options:

- 1. Landscape Architect Registration Examination (LARE)**
- 2. Reciprocity with License in Another State**
- 3. Reciprocity with Current CLARB Record**
- 4. Reinstatement of a Lapsed License**

## **APPLICATION TO TAKE THE LANDSCAPE ARCHITECT REGISTRATION EXAM (LARE)**

### **An application file shall consist of:**

- State of Maine Application
- School Transcripts
- Employment Verification Form
- Non-refundable Application Fee of \$121.00
- (Make checks payable to, "Treasurer, State of Maine")

### **Once the application is complete,**

- Applicant approved/disapproved by Board
- If approved, Applicant is sent authorization letter to schedule all sections of the LARE which is administered via CLARB through a testing company
- After the exam is completed and CLARB has reported scores to the Board, Applicant will be sent a letter requesting them to provide copy of board approved seal with assigned number & \$100.00 license activation fee
- Receive License Fee with Evidence of Seal
- Activate License
- Renew License Annually on June 30th (\$100.00 renewal fee)

\*\*Current rules state that the applicant must successfully complete the LARE within any five (5) year examination period or be subject to reapplication.

## **APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH ANOTHER STATE**

Applicant must be a current licensee of another state.

An application file shall consist of :

- State of Maine Application
- Non-refundable Application Fee of \$121.00 (Make checks payable to, "Treasurer, State of Maine")
- School Transcripts (If applicable)
- Employment Verification Form (See Chapter 13 of Board Rules Section 4 for specifics)
- Certificate of Good Standing from Current License State (This certification should confirm active license in good standing, exam date and scores)

### **Once the application is complete,**

- Applicant approved/disapproved by Board
- License number is generated through License System
- Applicant sent letter with license number and request to obtain a seal with the assigned number, submit an impression of the seal and \$100.00 License Activation Fee
- Receive License Fee with Evidence of Seal
- Activate License
- Renew License Annually on June 30th (\$100.00 renewal fee)

## **APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH CLARB RECORD**

Applicant is a current licensee of another state. The applicant files application through the Council of Landscape Architectural Registration Boards (CLARB).

### **An application file shall consist of:**

- State of Maine Application
- Non-refundable Application Fee of \$121.00 (Make checks payable to, "Treasurer, State of Maine")
- CLARB Record indicating Current License in Another State transmitted directly from CLARB to the Board

### **Once the application is complete:**

- Generate license number through License System
- Applicant sent letter with license number and request to obtain a seal with the assigned number, submit an impression of the seal and \$100.00 License Activation Fee
- Receive License Fee with Evidence of Seal
- Activate License
- Renew License Annually on June 30th (\$100.00 renewal fee)

**APPLICATION FOR REINSTATEMENT OF  
A LANDSCAPE ARCHITECT LICENSE  
WHICH HAS LAPSED MORE THAN 90 DAYS  
BEYOND THE EXPIRATION DATE**

Licensees whose licenses have lapsed beyond 90 days after the expiration date but within two years of the expiration date may request reinstatement by contacting the board for a paper renewal and submitting an official request for reinstatement along with the appropriate fee indicated below:

Reinstatement fee:	\$ 50.00	This is a one time fee.
Back Renewal fees:	\$100.00	For each year beyond the expiration date.
Back Late fees:	\$ 50.00	For each year beyond the expiration date.

**OR**

Licensees whose licenses have lapsed beyond two years after the expiration date must re-apply as a new applicant via CLARB or via direct reciprocity with another state. All steps will be the same as noted previously for new applicants except for the fee schedule which is as follows:

Reinstatement fee:	\$ 50.00	This is a one time fee.
Back Renewal fees:	\$100.00	For each year beyond the expiration date.
Back Late fees:	\$ 50.00	For each year beyond the expiration date.

Licensees may also be subject to disciplinary action from the Board if it becomes evident there has been unlicensed practice.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333-0035  
**Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8522 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

**Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035

**Where are you located?** 76 Northern Avenue, Gardiner, Maine.

**What hours are you open?** 8:00 AM to 5:00 PM weekdays.

**Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.

**Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.

**How long does it take to process an application?** You can check our website:

[www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE, you are authorized to practice.

**How far back do I go answering the criminal question?** Any conviction, ever.

**Is a CLARB certification required for a reciprocal license?** No, but it is the fastest way to become licensed since it does not require board approval or an interview. CLARB applications can be completed within a couple of weeks assuming the application is complete.

**Can a landscape architect without a CLARB certificate obtain a reciprocal license?** Yes, the applicant must provide extensive verification of all education and experience which will be evaluated by the board. An interview is also required which will not be scheduled until the application has been received and evaluated.

**How long does it take to approve a reciprocal license?** It could take several months depending on the documentation submitted and the interview schedule.

**Does Maine license companies?** No.

**Does Maine have a continuing education requirement for renewal?** No.

**Is there a charge to send my registration history and/or exam scores to another state for a reciprocal license or to CLARB for certification?** Yes, the fee is \$10.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.