

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025.

The total amount to be submitted for this application has been reduced from \$534.50 to \$478.25

Please submit payment in the amount of \$478.25 with this application.

State of Florida
Department of Business and Professional Regulation
Board of Landscape Architecture
Application for Licensure: Endorsement
Form # DBPR LA 3

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

TRANSACTION	APPLICATION REQUIREMENTS
Initial Endorsement	<p><input type="checkbox"/> Complete this application.</p> <p><input type="checkbox"/> Submit the fee of \$534.50 (fee includes \$150 non-refundable application fee, \$267.00 exam fee, \$112.50 license fee and \$5 unlicensed activity fee) Make check payable to Department of Business and Professional Regulation or DBPR.</p> <p><input type="checkbox"/> Passing the Plant Materials & Specialization Aspects of Practice in Florida Exam, including Laws & Regulations. <i>Note: an additional fee of \$33 will be charged by the testing vendor, Pearson Vue, for this section at the time of testing.</i></p> <p><input type="checkbox"/> Verification of Experience – If you have not been licensed for at least 5 years as a Landscape Architect please provide verification of 1 year of experience using this form, DBPR LA 6 or a CLARB Council record with verified experience.</p> <p><input type="checkbox"/> Submit certification of licensure from your base state, if applicable.</p> <p><input type="checkbox"/> Submit certification of L.A.R.E. exam scores from your base state or CLARB.</p> <p><input type="checkbox"/> Submit Official Transcripts, directly from institution or CLARB. If you have been licensed as a Landscape Architect for 10 years or more in another state or territory of the United States transcripts are not required.</p> <p><input type="checkbox"/> Six-Year Practical Experience Option* - Additional Requirements:</p> <ul style="list-style-type: none"> o Verify additional practical experience as indicated in the instructions below. o Submit two (2) examples of work product as indicated in the instructions below. <p><i>*If you have been licensed for 10 years or more in another state, verification of practical experience in lieu of an accredited degree is not required.</i></p>
Qualifying a Business	<p>Complete this section if you are applying to qualify a business in addition to becoming licensed.</p> <p>If you plan to work under a business that does not already have a Florida Registered Landscape Architect as a qualifier you should complete this section. *</p> <p><input type="checkbox"/> No additional fee</p> <p><input type="checkbox"/> Complete section VI-VII of this form</p> <p>*Note: To Qualify a business that performs Landscape Architectural Services you must be an officer or partner in the business. Status as an officer or partner will be verified with the Florida Department of State Division of Corporations.</p>
Reapplication by Endorsement	<p><input type="checkbox"/> Complete this application.</p> <p>Submit the \$150 non-refundable application fee. Make check payable Department of Business and Professional Regulation or DBPR.</p>

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

State of Florida
Department of Business and Professional Regulation
Board of Landscape Architecture
Application for Licensure: Endorsement
Form # DBPR LA 3

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the instructions at the end of this application.

Section I – Application Type

CHECK APPLICATION TYPE (DO NOT CHECK BOTH)
<input type="checkbox"/> Initial Endorsement (see Section IX, Instructions, for qualifications) [1301;1016]
<input type="checkbox"/> Reapplication by Endorsement (see Section IX, Instructions, for qualifications) [1301;1033]

Section II – Applicant Personal Information

PERSONAL INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
BUSINESS LOCATION ADDRESS (IF APPLICABLE)			
Business/Firm Name			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Section 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by Title IV-D Child Support Agency to assure compliance with child support obligations.



Section II – Applicant Personal Information - continued

ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			
CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, complete Section III (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

*If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than three offenses to document in Section III (b), attach additional copies as necessary.

Section III (b) – Explanation(s) for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section III (b) – Explanation(s) for Background Questions 1 and 2 -continued

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

[illegible]

EDUCATIONAL DATA			
Provide name and location of ALL Colleges or Universities attended (See Instructions 2 (d), below.) If you have been licensed as a Landscape Architect for 10 years or more in another state or territory of the United States this section is not required.			
Name/City, State	Dates Attended	Graduation Date	Degree Received

Section V – Practical Experience

THE LANDSCAPE ARCHITECTURE SUPERVISOR MUST COMPLETE THIS SECTION			
Check <u>one</u> or <u>both</u> of the boxes, as applicable, to indicate the experience requirement verified: <input type="checkbox"/> A. One-year practical experience requirement (If you have been licensed for at least 5 years as a Landscape Architect you are not required to complete this section of the form for Endorsement). <input type="checkbox"/> B. Practical experience substituted for education requirement (see Section VII – Instructions).			
APPLICANT INFORMATION			
Last/Surname	First	Middle	Suffix
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
I have supervised the applicant on landscape architecture work and in the capacities listed below:			
Dates*	Total Hours	Describe Work Performed	Position / Capacity

*** IMPORTANT:** see Section VII – Instructions – Practical Experience, prior to completing this section.

I hereby certify that all statements made on this verification form are true and correct and that the applicant completed the applicable practical experience requirements under my supervision.	
Print Name	
Signature	
License #	State Licensed in
Business Name ¹	License # ¹
¹ If applicable	
<p><small>*Section 481.310, Florida Statutes, Practical experience requirement.—Beginning October 1, 1990, every applicant for licensure as a registered landscape architect shall demonstrate, prior to licensure, 1 year of practical experience in landscape architectural work. An applicant who holds a master of landscape architecture degree and a bachelor's degree in a related field is not required to demonstrate 1 year of practical experience in landscape architectural work to obtain licensure. The board shall adopt rules providing standards for the required experience. An applicant who qualifies for examination pursuant to s. 481.309(1)(b)1. may obtain the practical experience after completing the required professional degree. Experience used to qualify for examination pursuant to s. 481.309(1)(b)2. may not be used to satisfy the practical experience requirement under this section.</small></p>	

Business Information – Only complete Sections VI-VII if you are applying to qualify a business.

Section VI –Business Entity Information

ORGANIZATION INFORMATION		
Federal Employer ID Number and/or Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Primary E-Mail Address	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

OFFICER(S)/PARTNER(S)		
Identify each officer/partner of the applicant business entity who is a registered landscape architect in the state of Florida . Do not list officers or partners who are not registered landscape architects (attach additional pages as necessary, applicants should list license number as pending).		
1. Name	DBPR License #	Principal Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
City	State	Zip
2. Name	DBPR License #	Principal Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
City	State	Zip

Section VII (a) – Business Background Questions

BACKGROUND QUESTIONS	
1. Has this company ever been a defendant in civil or criminal litigation?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, complete Section III (b) of this application as appropriate.	
2. Has disciplinary action ever been sanctioned by a State regulatory board against the company?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, complete Section III (c) of this application. Please note: you will be notified if the Board requires additional documentation.	

Section VII (b) – Explanation(s) for Business Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section VIII – Affirmation By Written Declaration

Incorporated by Rule: 61-35.017

Section IX - Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. General Requirements for Licensure

- a. Initial Endorsement – to qualify for Initial Endorsement, the applicant must:
 - i. Qualify to take the examination by fulfilling the education and/or practical experience requirements as set forth in Section 481.309, Florida Statutes (see sections II and III of these instructions) and have passed a national, regional, state, or territorial licensing exam substantially equivalent to the Florida exam, **or**;
 - ii. Hold a valid license to practice landscape architecture in another state or territory of the U.S. The criteria for issuance of said license must be substantially identical to those of Florida. The applicant must submit certification of licensure along with his or her application. Also, the applicant must list this license in the Current/Prior License section.
 - iii. Hold a valid license to practice landscape architecture in another state or territory of the U.S. for at least 10 years and has passed the L.A.R.E. or an exam that is equivalent or more stringent
- b. Reapplication by Endorsement – to qualify for Reapplication by Endorsement, the applicant must:
 - i. Have previously held a Florida license obtained by endorsement to practice landscape architecture that is currently in Null and Void status, **or**;
 - ii. Be a former approved Florida Exam Candidate who passed the Florida section and has taken and passed the Landscape Architecture Registration Examination (LARE) in another state.

2. Application Instructions (by section)

- a. **Section I**
 - i. Check the appropriate transaction.
- b. **Section II**
 - i. Fill out each section completely.
 - ii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials.
- c. **Sections III (a), (b), and (c)**
 - i. For Sections III (b) and (c), provide as much detail as possible.
 - ii. For Section III (b), if necessary, submit supporting legal documentation with this application.
- d. **Section IV**
 - i. Education Information
 - a. In order to qualify for licensure, an applicant must have completed a professional degree program in landscape architecture as approved by the Landscape Architectural Accreditation Board or qualify through “Practical Experience Substituted for the Education Requirement” (see Section VI instructions below).
 - b. List the names of all colleges and universities attended.
 - c. Official transcripts from all colleges, community colleges, technical schools, universities, etc., must be submitted directly from the institution.
- e. **Section V**
 - i. This section must be mailed directly to the department by the professional validating your experience - **copy the form as needed.**
 - ii. All applicants – One Year Practical Experience Requirement
 - a. One year of practical experience shall be 2000 hours of landscape architectural work.
 - b. As of October 1, 1990, Section 481.310, Florida Statutes, requires every applicant for licensure as a registered landscape architect to demonstrate, prior to licensure, one year of practical experience in landscape architecture work.
 - c. Practical experience substituted for the education requirement **may not** be used to satisfy the one-year practical experience requirement.
 - d. Applicants are allowed to test before completing the one-year practical experience requirement.
 - e. If you have been licensed for at least 5 years as a Landscape Architect you are not required to complete this section of the form for Endorsement.
 - iii. Practical Experience Substituted for Education Requirement (Six-Year Applicants):

- a. Florida law permits individuals who have not completed a professional degree program in landscape architecture from an accredited institution the opportunity to sit for the Landscape Architecture Registration Examination (LARE) if the applicant can demonstrate at least six years of practical experience in landscape architecture.
- b. Applicants who have earned college credit while attending accredited institutions may apply such credit toward the experience requirement. Each year of education completed in a recognized school shall be considered equivalent to one year of experience, with a maximum credit of four years.
- c. Experience received prior to March 1, 1987:
 - i. May have been secured under the direct supervision of a landscape architect, architect, engineer or land surveyor.
- d. Experience received on or after March 1, 1987:
 - i. Must have been secured under the direct supervision of a licensed landscape architect.
- e. Work Product Review
 - i. Applicants (substituting practical experience for the education requirement) are also required to submit two examples of the following work product, which must have been completed under supervision of the appropriate professional (the appropriate professional is determined based on when the work was completed as noted in the experience requirements above).
 - 1. Site design, including a master plan.
 - 2. Staking/layout plan.
 - 3. Grading plan.
 - 4. Irrigation plan.
 - 5. Construction details.
 - 6. Planting plan with plant list.
 - 7. Specifications.
 - ii. Refer to Rule 61G10-11, F.A.C. for more detailed information on this requirement. A link to the rule can be found under "Statutes and Rules" at <http://www.myfloridalicense.com/DBPR/landscape-architecture/>. The two examples must be submitted with your completed application. They will then be sent to the board for preliminary review. Because the board meets only three or four times per year, it is imperative that plans and applications be submitted as soon as possible.

f. Section VI

- i. Provide the name and address information for the Florida Licensed Landscape Architect that will qualify the business.
- ii. The position title must be:
 - a. If a Corporation a principal officer which is defined as the President, Vice President, Secretary or Treasurer or
 - b. If a Partnership a Partner
 - c. If a not for profit Organization the by-laws must be provided that clearly identify the duties and responsibilities of the qualifier.
 - d. Accuracy of business information may be checked on the Florida Division of Corporations website www.sunbiz.org. Provide business information as it is registered with the Florida Division of Corporations.

g. Sections VII (a) - (c)

- i. Fill out each section completely.
- ii. For Sections VII (b) and VII (c), provide as much detail as possible.
- iii. or Section VII (b), if necessary, submit supporting legal documentation with this

h. Section VIII

- i. Applicant must sign the affirmation by written declaration.

3. Steps After Submitting Application

- a. Initial Endorsement applicants are required to take the Plant Materials and Specialization Aspects of Practice in Florida, including Laws and Regulations exam (Section F), administered by Department of Business and Professional Regulation.
 - i. Section F:
 - a. Administered via computer-based testing, which is offered daily by Pearson Vue (the Department's contracted vendor).
 - b. Upon approval by the board for examination, Pearson Vue will send an official email.

- c. After receipt of the official authorization, the applicant should contact the test center at 888.204.6230 for scheduling Section F of the examination.
 - d. Pearson Vue has test centers throughout Florida.
 - e. Applicants may contact the Bureau of Education and Testing for study materials or visit their website at <http://www.myfloridalicense.com/DBPR/examination-information/>.
- b. Once an applicant has passed the required examinations, and provided verification of required experience the license will be issued.