

State of Florida
Department of Business and Professional Regulation
Board of Landscape Architecture
Application for Temporary Registration
Form # DBPR LA 4

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

<i>TRANSACTION</i>	<i>APPLICATION REQUIREMENTS</i>
Temporary Registration	<input type="checkbox"/> Complete application <input type="checkbox"/> If applying to act as an individual, omit Section II. <input type="checkbox"/> Submit the \$450 non-refundable application fee for a Certificate of Temporary Registration. Make check payable to Department of Business and Professional Regulation. <input type="checkbox"/> Submit current certification of licensure from the applicant's base state.

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 Temporary Registration
 Form # DBPR LA 4**

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 instructions at the end of this application.**

Section I – Application Type

CHECK ONE OR BOTH OF THE APPLICATION TYPES
<input type="checkbox"/> Certificate of Temporary Registration [1303;1030]

IMPORTANT – If applying to act as a business entity, a principal officer of the business entity, who is a licensed Landscape Architect, **MUST** complete and sign the application which will serve as an application to become the qualifier for the business entity.

Section II – Applicant Business Entity Information

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <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 (IF APPLICABLE)		
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		

*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 Business Entity Information - continued

PRINCIPAL OFFICER INFORMATION	
Name of the licensed landscape architect serving as a principal officer in the business entity:	
License Number:	State Licensed By:
BACKGROUND INFORMATION	
Has the applicant business entity ever received a temporary permit in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, provide date and permit number issued:	
Has the applicant business entity ever been denied a temporary permit in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, provide date application was denied:	

Section III – Applicant Personal Information

PERSONAL INFORMATION			
Social Security Number*			
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	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

*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 III – Applicant Personal Information - continued

BACKGROUND INFORMATION			
Have you ever received a temporary permit in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, provide date and permit number issued:			
Have you ever been denied a temporary permit in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, provide date application was denied:			
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
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	

Section IV (a) – Personal Information – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, complete Section IV (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 IV (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 IV (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 IV (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 IV (b) for your response to questions 1 and 2, and complete Section IV (c) for your response to questions 3 and 4. If you have more than three offenses to document in Section IV (b), attach additional copies as necessary.

Section IV (b) – Explanation(s) for Personal Information – 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 IV (b) – Explanation(s) for Personal Information – 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	

Section V – Project Information

PROJECT INFORMATION	
Name of project to be completed in Florida:	
Location of Florida project:	
Start Date:	End Date:
Provide a brief description of the project:	

Business Information – Only complete Sections VI- 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	

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 Certificate of Temporary Registration

- i. Complete this entire application. By doing so, you are applying as the qualifier for a business entity and a Certificate of Temporary Registration for an individual simultaneously.
- ii. The principal officer of the organization applying for temporary registration must submit a current certification of licensure from his or her base state that indicates any disciplinary action taken against the license being used in support of this application.
- iii. Section 481.317(1), Florida Statutes, requires that a landscape architect licensed in another state or jurisdiction may apply for a certificate of temporary registration for work on a specified project in Florida for a period not to exceed one year. This particular certificate ~~is intended~~ may be used for an individual ~~and not~~ or to qualify a business. The following are required:
 - a. **Individual:** Complete this application EXCEPT for Section II.
 - b. **Business:** Complete the entire application
 - c. The individual applicant must submit a current certification of licensure from his or her base state that indicates any disciplinary action taken against the license being used in support of this application.

2. Application Instructions (by section)

a. Section I

- i. Select the application type you are applying for.
- ii. If applying for a certificate of temporary authorization for a business entity, a principal officer of the business entity, who is a licensed Landscape Architect, MUST complete and sign the application which will serve as an application for both qualifier for a business entity and Certificate of Temporary Registration for the individual.

b. Section II

- i. All fields should be completed in regards to the business.
- ii. Identify the principal officer in the business entity who is a licensed landscape architect; this person who is also applying for a Certificate of Temporary Registration for an individual.

c. Section III – Applicant Personal Information

- 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.

d. Sections IV (a), (b), and (c)

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

e. Section V

- i. Fill out each section completely.
- ii. The brief description of the project should include a description of the scope of work and the role the landscape architect will play in the project.

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.
- ii. For Section VII (b), if necessary, submit supporting legal documentation with this application.

h. Section IX

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