



**Oregon Landscape Contractors Board**  
**2111 Front St NE; Ste 2-101**  
**Salem, OR 97301**  
**503-967-6291**  
**503-967-6298 fax**  
**www.oregon.gov/lcb**  
**lcbinfo@lcb.state.or.us**

FOR BOARD USE ONLY

Appvd \_\_\_\_\_

Date \_\_\_\_\_

ID # \_\_\_\_\_

## LANDSCAPE CONSTRUCTION PROFESSIONAL EXAM & LICENSE APPLICATION

### EXAM TYPE

- Traditional Written
- Practical Skills, attach registration form: [www.oregon.gov/LCB/Pages/forms](http://www.oregon.gov/LCB/Pages/forms)

### APPLICATION FEE

CHECK ONLY ONE BELOW:

- All Phase \$100 application fee
- Standard \$100 application fee
- Irrigation & Backflow \$100 application fee
- Planting Only \$100 application fee
- Probationary All Phase \$75 application fee

PLEASE CHECK HOW QUALIFYING: (select one)

- Horticulture Degree
- 2 Years Landscape Related Experience
- Other \_\_\_\_\_
- N/A - Probationary Application

**Please be sure to submit the documentation for your qualifying experience/education (copy of transcripts, employment verification form or landscape maintenance form, certificates, etc.) with this application.**

- I have enclosed a check or money order. Please make payable to the LCB.
- I am paying the application fee by credit card.  
 \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_/\_\_\_\_\_  
EXP DATE

\_\_\_\_\_  
CVV#

### APPLICANT INFORMATION

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

Applicants must apply using their legal first and last name as it appears on their US or Canadian government issued identification.

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
PHYSICAL ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
COUNTY

(\_\_\_\_)\_\_\_\_\_  
PHONE NUMBER

(\_\_\_\_)\_\_\_\_\_  
MOBILE PHONE NUMBER

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

**BACKGROUND INFORMATION**

**Have you previously applied for or been a licensed landscape construction professional in Oregon?**

No  Yes

**Have you ever been convicted of any of the felonies listed in the table below?**

No  Yes

If yes, check the appropriate box(es) and fill in the information below.

Felony	Date	State	County	Felony	Date	State	County
<input type="checkbox"/> Murder				<input type="checkbox"/> Robbery I			
<input type="checkbox"/> Assault I				<input type="checkbox"/> Theft I			
<input type="checkbox"/> Kidnapping				<input type="checkbox"/> Arson I			
<input type="checkbox"/> Sexual abuse				<input type="checkbox"/> Theft by extortion			
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration				If you are under supervision, list the name and contact number for your supervisor:			

Please provide a detailed explanation of the felony on a separate piece of paper and submit police reports, court reports and all other pertinent documentation. Providing incomplete or inaccurate information may delay or stop approval. The LCB has the authority to check all applicants' criminal history.

**APPLICANT SIGNATURE**

As part of your application you are required to provide your social security number to the LCB. The authority for this requirement is ORS 305.385 and ORS 25.785. Failure to provide your social security number will be a basis to refuse to issue the license you seek. Although a number other than your social security number appears on the face of the license issued by the LCB, your social security number will remain on file with the LCB. This record of your social security number will be used for child support enforcement and tax administration purposes only, unless you authorize other uses of the number. The LCB will not give out nor sell nor otherwise make your social security number available to the public.

**Note:** Submitting a fraudulent social security number is grounds for refusing to issue, revocation or termination of the Landscape Construction Professional license.

I understand that I may practice landscape contracting only if I obtain a landscape contracting business license or if I am employed by a licensed landscape contracting business. I certify that the answers to all questions on this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER**

I certify that I do not now have, nor have I ever had a social security number. I understand that if I obtain a social security number after submitting the application to the LCB that I am required to notify the LCB in writing of my social security number within 14 days of receiving the number. I also understand that if this statement is untrue it is grounds for revoking my Landscape Construction Professional license.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## EMPLOYMENT VERIFICATION

If you are qualifying to sit for the exam based on **2 years of landscape related employment**, please complete this form. Indicate the dates of employment and a description of the landscape related experience or job duties while employed. You may make copies of this form if you were employed by more than one company to qualify for the 2 years experience.

Your name: \_\_\_\_\_

Employment start date: \_\_\_\_\_

Still employed?  Yes  No

If no, date released: \_\_\_\_\_

Please check below your experience in landscaping while employed (check all that apply):

- Landscape Construction
- Landscape Maintenance
- Nursery Work

Please briefly describe work duties while employed:

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\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
LCB LICENSE NUMBER (IF APPLICABLE)

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
NAME OF SUPERVISER / OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL ADDRESS

( ) \_\_\_\_\_  
PHONE NUMBER

## LANDSCAPE MAINTENANCE VERIFICATION

If you owned your own maintenance company and are qualifying to sit for the exam based on **2 years of landscape maintenance experience**, please document 5 customers per year for a 2 year period. You may make copies of this form if needed. Please contact your customers and let them know that the LCB will be contacting them to verify your experience.

Applicant's name \_\_\_\_\_

1. Name of customer \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Date of project \_\_\_\_\_ Amt billed \$ \_\_\_\_\_  ongoing maint.  one time project

Description of work performed \_\_\_\_\_

2. Name of customer \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Date of project \_\_\_\_\_ Amt billed \$ \_\_\_\_\_  ongoing maint.  one time project

Description of work performed \_\_\_\_\_

3. Name of customer \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Date of project \_\_\_\_\_ Amt billed \$ \_\_\_\_\_  ongoing maint.  one time project

Description of work performed \_\_\_\_\_

4. Name of customer \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Date of project \_\_\_\_\_ Amt billed \$ \_\_\_\_\_  ongoing maint.  one time project

Description of work performed \_\_\_\_\_

5. Name of customer \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Date of project \_\_\_\_\_ Amt billed \$ \_\_\_\_\_  ongoing maint.  one time project

Description of work performed \_\_\_\_\_

I certify that the above projects/customers verify the required landscape related experience.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE