

OREGON STATE LANDSCAPE ARCHITECT BOARD

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Member of the COUNCIL OF LANDSCAPE ARCHITECTURAL REGISTRATION Boards (CLARB)

Application for Registration as a Landscape Architect in Training

INFORMATION (Please print or type)

Date: _____

Preferred mailing address:

Home

Business

Name _____

Home Address _____

City/State/Zip _____

Phone _____ E-Mail _____

***Social Security Number** _____ **DOB** _____

**As part of your application for an initial or renewed occupational, professional, or recreational license, certification, or registration issued by the Oregon State Landscape Architect Board, OSLAB, you are required to provide your Social Security Number to the OSLAB. This is mandatory. The authority for this requirement is Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC ~ 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification or registration you seek. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by the OSLAB, your Social Security Number will remain on file with the OSLAB. This record of your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.*

Business Name _____

Address _____

City/State/Zip _____

Phone _____ E-Mail _____

Fax _____ Web-site _____

OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE

Received:

Amount _____

Entered on _____

Entered by _____

EXAMINATION HISTORY:

To qualify for Landscape Architect in Training, you must have 1) successfully completed at least two (2) portions of the Landscape Architect Registration Examination and 2) working toward registration as a Landscape Architect.

Please indicate below which portions you have passed, and in which State or Province. This office will mail any forms necessary to verify information provided.

Title of Exam Section	Date Passed	State

WORK HISTORY:

Company Name	Supervisor	Employment Date

Signature: _____

Date: _____