STATEMENT OF NON-PRACTICE WHILE IN INACTIVE STATUS

Name: _____ Registration # _____
Print name

Any individual requesting *inactive* registration as a Landscape Architect with the Oregon State Landscape Architect Board shall confirm the statement below.

> **I will *not* practice landscape architecture in Oregon while my registration is in an inactive status.**

By my signature, I confirm to the Board that I have read and understand this STATEMENT. By my signature, I also confirm that I have read and understand the Oregon Administrative Rules (OAR) Chapter 804 and the Oregon Revised Statutes (ORS) Chapter 671. These are the rules and laws that govern the practice of landscape architecture in the State of Oregon.

_____ _____
Signature Date

This document must be submitted along with a letter requesting inactive status.

Mailing Address: _____

City, State, Zip: _____

Phone contact number: _____

Email: _____

Adopted May 2010