EMERITUS LANDSCAPE ARCHITECT APPLICATION

NAME:__________________________________________ LICENSE #____________________________

PLEASE ENTER YOUR CONTACT INFORMATION:

Address:________________________________________________________________________________________

City:________________________________________________ State:__________ Zip:________________________

E-mail:________________________________

CERTIFICATION STATEMENT:

EMERITUS LANDSCAPE ARCHITECT. I certify that I am 65 years old or older, have been licensed as a landscape architect for 10 consecutive years and am retired from active practice as a landscape architect. As an Emeritus Landscape Architect, I understand that I may not provide ANY landscape architectural services at all, nor may I act as expert witness on landscape architectural matters or consult with clients, attorneys, or others as a landscape architect.

___________________________________________
(Original Signature) _______________________
(Date)

Please return form to: SC Department of Labor, Licensing & Regulation
Board of Landscape Architectural Examiners
110 Centerview Drive
Post Office Box 11419
Columbia, SC 29211-1419

If you have questions please contact: Sherri F. Moorer, Program Assistant
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