



South Carolina Department of Labor, Licensing and Regulation

## South Carolina Board of Landscape Architectural Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11419 • Columbia • SC 29211-1419

Phone: 803-896-4580 • [Contact.LSA@llr.sc.gov](mailto:Contact.LSA@llr.sc.gov)

<https://www.llr.sc.gov/land>

### Landscape Architect Application Instructions



The following additional materials are required to be downloaded or mailed to the Board office in order to complete the application.

***You do not need to submit the items marked with an asterisk if you are submitting a CLARB Council Record:***

- A non-refundable application fee must be paid by credit card (\$50 for initial licensure; \$200 for reciprocity licensure).
- Copy of your social security card.
- Copy of your driver's license, passport, or state-issued, photo identification.
- Legal documentation of name change, if applicable (marriage cert, divorce decree, etc).
- **\*Verification of licensure** in state(s) where you completed the CLARB – Landscape Architect Registration Examination (LARE) and hold current licensure.
- **\*College transcripts.** The transcripts must bear the seal of the institution and the signature of the Registrar.
- **\*Employment Verification Form** for current and previous employers (do not send a form for self-employment).
- **Five professional references, three of which must be licensed landscape architects.**
- **If you have a "yes" answer on the "Personal History" section,** provide a written statement and copy of the appropriate court order for criminal convictions, or a Board order for disciplinary issues.
- **If you are not a United States Citizen,** provide a copy of immigration documents:

**ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card with Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

**Documents can be downloaded at the end of the application process, or sent to the Board:**

**By U.S. Mail -** Board of Landscape Architectural Examiners  
Post Office Box 11419  
Columbia, SC 29211-1419

**Physical Address -** Board of Landscape Architectural Examiners  
110 Centerview Drive  
Columbia, SC 29210



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www.llronline.com/POL/LandscapeArchitect/



EMPLOYMENT VERIFICATION FORM

Complete and return this form to the above address.

EMPLOYMENT VERIFICATION FOR: \_\_\_\_\_

An application as a professional Landscape Architect had been filed with this department by the above referenced applicant. Please verify the applicant's employment dates and provide any information that may be of value to the Department in evaluating the applicant's qualifications. This information is for the confidential use of the Department. The source and character of this information will not be divulged, except in special cases when required by law. The applicant and the Department will appreciate your cooperation and prompt reply to this request.

Applicant's Professional Experience

Position Title: \_\_\_\_\_

Applicant Worked Full Time (40 hrs/week) From: \_\_\_\_\_ To: \_\_\_\_\_
Month/Year Month/Year

Applicant Worked Part Time: \_\_\_\_\_ Hrs/Wk For \_\_\_\_\_ Weeks

Duties: \_\_\_\_\_

What is your opinion of the applicant's competency? Excellent Satisfactory Unsatisfactory\*

- a) Technical Knowledge
b) Professional Experience
c) Reputation in the Profession

In your opinion, is the applicant fully qualified to practice Landscape Architecture? [ ] Yes [ ] No

Please explain "unsatisfactory" answers or provide additional comments on an attached sheet. \_\_\_\_\_

Are you a currently registered Landscape Architect? [ ] Yes [ ] No If yes: State Reg. #: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Business: \_\_\_\_\_

Affix Seal Here

Address: \_\_\_\_\_



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**CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT**

<b>APPLICANT COMPLETE THIS SECTION</b>	Date: _____
_____ of _____	_____
(Name)	(Address)

**Return completed form to above address.**

The above referenced individual has submitted an application for registration to practice landscape architecture in South Carolina and has submitted your name as a reference. The SC Code of Laws, Title 40, Chapter 28, regulates the practice of landscape architecture in the State of South Carolina, which practice, in turn, safeguards life, health, and property and a high professional standard. Please give complete, accurate answers to the following questions. A prompt reply would be appreciated. Additional sheets may be attached to explain answers or provide further comments.

1. How long have you known the applicant? \_\_\_\_\_

2. Was the applicant ever employed under your direct or indirect supervision?  Yes  No

If yes, list dates: To: \_\_\_\_\_ From: \_\_\_\_\_

Hours per week: \_\_\_\_\_

If no, please state the basis of your opinion of the applicant's competency in landscape architecture:

\_\_\_\_\_

3. What is your opinion of the applicant's competency in the following areas?

a. Technical Knowledge       Excellent       Satisfactory       Unsatisfactory\*

b. Professional Experience       Excellent       Satisfactory       Unsatisfactory\*

c. Professional Reputation       Excellent       Satisfactory       Unsatisfactory\*

Please explain "unsatisfactory" answers on an attached sheet.

4. Do you believe the applicant is fully qualified to practice landscape architecture?       Yes       No

Print Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are a licensed landscape architect, please provide:

State of Licensure: \_\_\_\_\_ License Number: \_\_\_\_\_



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

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**Landscape Architect Reciprocity Verification Form**

STATE PROVIDING VERIFICATION: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

DATE LICENSE ISSUED: \_\_\_\_\_ DATE LICENSE EXPIRES/EXPIRED: \_\_\_\_\_

CURRENT LICENSE STATUS: \_\_\_\_\_ METHOD OF LICENSURE: \_\_\_\_\_

Has this Applicant been subject to any Disciplinary Action or pending legal action that could affect his professional status in this state?  No  Yes (Please attach copy of Board order.)

**Exam Scores (if licensed by examination)**

Section:

Date Passed (Month/Year):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZED SIGNATURE:

\_\_\_\_\_

BOARD SEAL

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Return completed form to:**

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