



APPLICATION FOR ARCHITECT OR LANDSCAPE ARCHITECT REGISTRATION

State Form 43741 (R12 / 2-25)

**STATE BOARD OF REGISTRATION FOR ARCHITECTS
AND LANDSCAPE ARCHITECTS
PROFESSIONAL LICENSING AGENCY**
402 W. Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov
Web: www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is: \$520 (Reciprocity without CLARB / NCARB), \$220 (Reciprocity with CLARB / NCARB), \$170 (via Examination), payable to the Indiana Professional Licensing Agency, in accordance with 804 IAC 1.1-3-1.1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number	Date issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

MAKING APPLICATION BY:

Please check one only.

- | | | |
|---|---|--|
| <input type="checkbox"/> Landscape Architect - Exam | <input type="checkbox"/> Landscape Architect - Reciprocity with CLARB | <input type="checkbox"/> Landscape Architect - Reciprocity without CLARB |
| <input type="checkbox"/> Architect - Exam | <input type="checkbox"/> Architect - Reciprocity with NCARB | <input type="checkbox"/> Architect - Reciprocity without NCARB |

APPLICANT INFORMATION

Name of applicant (last, first, middle)		
Social Security number *	Date of birth (month, day, year)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED.

STATE	TYPE OF LICENSE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

EDUCATIONAL BACKGROUND			
NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED (month, day, year)	DEGREE EARNED

EXPERIENCE				
<i>List landscape architect or architect experience positions, beginning with the most recent. If necessary, attach extra sheets following the prescribed format. Please sign and date any extra sheets. For part-time employment, if less than forty (40) hours per week, list number of hours in space provided below.</i>				
Name of current employer	Job title		Period of employment From _____ To _____	
Address (number and street)	Number of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, State, and ZIP code	Name of Supervisor			
Duties				
Name of employer	Job title		Period of employment From _____ To _____	
Address (number and street)	Number of years employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of hours employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
City, State, and ZIP code	Name of Supervisor			
Duties				

REFERENCES		
NAME OF REFERENCE	REFERENCE LICENSE NUMBER	LIST ACQUAINTANCE, EMPLOYER, ASSOCIATE, ETC.

QUESTIONS	
If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.	
1. Has disciplinary action ever been taken regarding any license, certificate, registration or permit that you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana) or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i>	
(1) have you ever been arrested;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (*month, day, year*)