

MONTANA BOARD OF ARCHITECTS & LANDSCAPE ARCHITECTS
301 SOUTH PARK
P O BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2017 (406) 841-2309 FAX
E-MAIL: dlibsdlar@mt.gov
WEBSITE: www.landscapearchitect.mt.gov

GENERAL APPLICATION PROCEDURE
LANDSCAPE ARCHITECTS

Landscape Architects may be licensed in Montana by providing evidence of passing all sections of the Council of Landscape Architectural Registration Boards (CLARB) exam. Please contact CLARB at 703-319-8380 or you may obtain examination information from their website at: www.clarb.org

Written notification will be sent within 14 working days of receipt of the application advising the applicant of the status of the application.

All applicants shall:

1. Submit a completed application.
2. Applications must be signed.
3. Include a \$325.00 application/license fee. Make checks payable to the: Montana Board of Architects and Landscape Architects. Please do not send cash.
4. Applicants are responsible for contacting CLARB and to have exam scores sent to the Montana Board of Architects and Landscape Architects.
5. Upon approval of the application and verification of passing all sections of the CLARB exam, the applicant may be licensed.

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Application by:
CLARB Record

Application by:
Endorsement

1. SOCIAL SECURITY NUMBER _____
 2. FULL NAME _____
 3. OTHER NAME(S) KNOWN BY _____
 4. BUSINESS NAME _____
 5. BUSINESS ADDRESS _____
Street or PO Box # City & State Zip Country
 6. HOME ADDRESS _____
Street or PO Box # City & State Zip Country
- PREFERRED MAILING ADDRESS** **Business** **Home** **E-MAIL ADDRESS** _____
7. TELEPHONE () _____ () _____ () _____
Business Home Fax
 8. DATE OF BIRTH _____ **FEMALE** **MALE** _____
 9. LICENSE NAME _____
 10. CLARB CERTIFICATION NUMBER _____
 11. PLEASE INDICATE HOW YOU WOULD LIKE YOUR NAME TO APPEAR ON YOUR LICENSE AND WALL CERTIFICATE: _____

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons and outcome) on a supplemental sheet.

11. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. Yes No
12. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date and results. Yes No
13. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. Yes No
14. Do you intend to practice in the State of Montana? Yes No
15. Have you ever previously applied for a license to practice in Montana? If yes, give date and results: Yes No
16. List all professional/occupational licenses, registrations, or certifications granted to you. Yes No

State/Province/Territory	License Number	Date Issued	Current	Type of License

17. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document. Yes No
18. Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal. Yes No
19. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. Yes No
20. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. Yes No
21. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. Yes No
22. Do you have criminal charges pending, or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanors and fines (2) charges or convictions prior to your 16 birthday. If yes, please attach a detailed explanation. Yes No

23. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.

Yes

No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana licensing board. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated