

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF TECHNICAL PROFESSIONS

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PETER DANLES
Executive Director

LINDA CAPUCHINO
Division Director



LANDSCAPE ARCHITECT RENEWAL FORM

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____ AMOUNT DUE _____

NAME _____ LSA LICENSE # _____

HOME ADDRESS _____
_____ HOME PHONE _____

BUSINESS NAME & ADDRESS _____
_____ WORK PHONE _____

Indicate mailing address by check box EMAIL ADDRESS _____

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Renewal Fee \$160.00	Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" OR use the enclosed credit card sheet
<input type="checkbox"/> Late fee \$32.00 per month	Include \$30.00 per month or fraction of a month the renewal is late.	

PART III. QUESTIONS	Include an explanation if "yes"	YES	NO
1. I have been found by a court or licensing/registration board to have violated the law in the conduct of my practice.		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had any disciplinary action brought against you for services as a Landscape Architect		<input type="checkbox"/>	<input type="checkbox"/>

PART IV. CERTIFICATION

RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Lsa 500; and

CONTINUING PROFESSIONAL DEVELOPMENT

I attest that the information contained in this form and the attached continuing education activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 30 continuing education hours of approved continuing education courses required by Lsa 403.01 (b). I further acknowledge that the provision of false information in the application is a basis for **disciplinary action by the board**. I further acknowledge that the provision of materially false information in the application knowingly provided is basis for **denial**:

➡ SIGN HERE _____

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

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