



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
 7 Eagle Square, Concord, NH 03301  
 Phone: 603-271-2152

APPLICATION FOR REINSTATEMENT AS A LANDSCAPE ARCHITECT

1. General Information

Name _____		
Last	First	Middle
Names Previously Used (if applicable) _____		SS# _____
<input type="checkbox"/> Residence Address _____		
Business Name & Position _____		
<input type="checkbox"/> Business Address _____		
<b>Indicate mailing address by check box</b>		
Business Phone _____	Home Phone _____	
Email: _____	Date of Birth _____	
		License Number: _____

2. General Information Questions

CHECK ONE:

YES      NO

a. Have you ever been convicted of any felony or any misdemeanor, or a violation associated involving landscape architecture or the practice of landscape architecture? If so, name the court, the details of the offense and the date of conviction and the sentence imposed.

    

b. Have you ever lost or been denied registration/licensure as a landscape architect or disciplined by another licensing board in any other state? if so, provide an explanation of the circumstances

    

If the answer is yes to any of the above questions, submit a written explanation with your application

3. Reference of Character and Qualifications - Applicant will give the names, complete addresses, occupation and business relationship with applicant of 3 references from licensed landscape architects as defined by RSA 310-A:141, I.

Name	Address including zip code	Occupation	Business Relationship to applicant

4. **Continuing Education** - An applicant may bring an inactive license to active status by obtaining 15 additional continuing education hour units for a total of 45. Additional credits shall be for the current reinstatement period only; none may be carried over into the licensee’s subsequent biennial renewal period. Complete the continuing education activity log and include it with your completed renewal form. Proof of compliance must be retained for 4 years pursuant to Administrative Rule LSA 403.05 (c) for random audit verification. Incomplete activity logs will not be accepted.

License Expiration Date				Name:			
From:		To:	PRESENT	License Number			
<b>DATE OF CLASS</b>	<b>PROVIDER NAME</b>				<b>HOURS CLAIMED</b>		

Include additional pages if necessary

5. Affidavits

**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 45 continuing education hours of approved continuing education courses required by Lsa 403.02. I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

SIGN HERE \_\_\_\_\_

DATE \_\_\_\_\_

LANDSCAPE ARCHITECT REFERENCE FORM

Application of: \_\_\_\_\_  
Applicant Name Required

THIS IS CONFIDENTIAL INFORMATION – FOR BOARD USE ONLY

What is your full name? \_\_\_\_\_  
THIS FIELD IS REQUIRED

What is your address? \_\_\_\_\_  
\_\_\_\_\_

What is your present business or profession? \_\_\_\_\_

Are you a licensed landscape architect? \_\_\_\_\_ In what state(s) \_\_\_\_\_ License # \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years From: \_\_\_\_\_ To: \_\_\_\_\_

Are you in anyway related to the applicant? \_\_\_\_\_

What has been your business relationship to the applicant? \_\_\_\_\_

Do you know anything reflecting adversely on the integrity or general good character of the applicant? \_\_\_\_\_

Please give a brief estimate of the applicant as a landscape architect: \_\_\_\_\_  
\_\_\_\_\_

Would you employ the applicant in a position of trust? \_\_\_\_\_

If the applicant is connected with a firm, please provide the firm’s name and address: \_\_\_\_\_  
\_\_\_\_\_

If the applicant is in individual practice, please indicate the nature of such practice? \_\_\_\_\_

Is the applicant qualified to be placed in responsible charge of design or supervision of work? \_\_\_\_\_

Do you recommend the applicant for licensure as a landscape architect? \_\_\_\_\_

In my opinion, the applicant has \_\_\_\_\_ Years of landscape architecture experience.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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