

# STATE OF MAINE

## ***BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS***

### **APPLICATION FOR LICENSE**



Department of Professional and Financial  
Regulation

Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522

TTY/HEARING IMPAIRED: (207) 624-8563

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Office located at: 122 Northern Avenue, Gardiner, Maine 04345

# **LICENSURE OF LANDSCAPE ARCHITECTS**

Landscape Architects can become licensed by one of the following three options:

- 1. Landscape Architect Registration Examination (LARE)**
- 2. Reciprocity with Licensure in Another State**
- 3. Reciprocity with Current CLARB Record**

## **APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION EXAM (LARE)**

Applicant has not established licensure in any other jurisdiction. An application file shall consist of:

1. State of Maine Application
2. A Notarized Affidavit
3. School Transcripts - (If no degree was earned, please list the number of credits and the general field of study)
4. Employment Verification Form
5. Reference Letters
6. Non-refundable Application Fee of \$125.00  
(Make checks payable to, "Treasurer, State of Maine")

### **Once the application is complete,**

7. \* Schedule personal interview.
8. Applicant approved/disapproved by Board
9. If approved, Applicant Scheduled for Examination - (\$30/part + testing company fee)
10. Applicant Sits for Examination (June & December) (Currently Board Proctored)
11. Scores tracked and reported to the Board
12. Board Formally Accepts Grade Report
13. Offer License to Applicants Who Successfully Complete the LARE
14. Generate license number through License System
15. Applicant sent letter requesting to provide copy of seal with assigned number & \$60.00 License Fee
16. Receive License Fee with Evidence of Seal
17. Activate License
18. Renew License on Annual Basis (\$60.00 renewal fee)

**\*PERSONAL INTERVIEW:** A 15 minute personal interview is required of all LARE applicants to determine if minimum qualifications have been obtained to qualify for examination. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. If approved the Board Coordinator will notify applicant of approval. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

Current rules state that the applicant must successfully complete the LARE within any three (3) year examination period or be subject to reapplication.

## **APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH ANOTHER STATE**

Applicant is a current licensee of another state. An application file shall consist of :

1. State of Maine Application
2. A Notarized Affidavit
3. School Transcripts (If no degree was earned, please list the number of credits and the general field of study)
4. Employment Verification Form
5. Reference Letters
6. Non-refundable Application Fee of \$200.00  
(Make checks payable to, "Treasurer, State of Maine")
7. Certificate of Good Standing from Current License State  
(This certification should confirm exam scores)

### **Once the application is complete,**

8. \*Schedule personal interview
9. Applicant approved/disapproved by Board
10. Generate license number through License System
11. Applicant sent letter requesting to provide copy of seal with assigned number \$60.00 License Fee
12. Receive License Fee with Evidence of Seal
13. Activate License
14. Renew License on Annual Basis (\$60.00 renewal fee)

**\*PERSONAL INTERVIEW:** A 15 minute personal interview is required of all reciprocity applicants to determine if minimum qualifications have been met. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. If approved the Board Coordinator will notify applicant of approval. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

## **APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH CLARB RECORD**

Applicant is a current licensee of another state. The applicant files application through the Council of Landscape Architectural Registration Boards (CLARB). By utilizing CLARB the applicant is **not** required to appear before the Board for a personal interview.

### **An application file shall consist of:**

1. State of Maine Application Pages 1 and 5 only
2. A Notarized Affidavit
3. CLARB Record indicating Current License in Another State
4. Non-refundable Application Fee of \$200.00  
(Make checks payable to, "Treasurer, State of Maine")

### **Once the application is complete,**

5. Generate license number through License System
6. Applicant sent letter requesting to provide copy of seal with assigned number & \$60.00 License Fee
7. Receive License Fee with Evidence of Seal
8. Activate License
9. Renew License on Annual Basis (\$60.00 renewal fee)



**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS  
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS  
Application for Licensure & Examination**

**PAGE 2 - Practical Experience**

**Name in Full:**

Full Name & Complete Address Of Current Employer	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other - Explain*
		Part*   Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						

\*If part-time work is noted, state average number of hours per week. \*\* If "other" kinds of work are noted, describe.

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS  
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**PAGE 3 - Education**

**Name in Full:**

Colleges, Universities, Technical Schools	Dates of Attendance (From – To)	Degrees

\*\* Reciprocal and exam applicants please attach an official copy of your transcript\*\*

**REFERENCES**

Name three professionals who are personally acquainted with your abilities, experience and performance. Please make sure addresses are complete and current.

1

2

3

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS  
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS  
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**PAGE 4 - Signatures**

**Name in Full:**

Affidavit & Notarization	
The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.	
	_____
	Signature of Applicant
State of:	
County of:	

<p>I, _____, a Notary Public in and for said County , in the State aforesaid, DO HEREBY CERTIFY that</p> <p>_____</p> <p>Personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.</p> <p>_____</p> <p style="text-align: center;">GIVEN UNDER MY HAND AND NOTARIAL</p> <p style="text-align: center;">THIS                      DAY OF                      /                      /</p> <p>NOTARY PUBLIC</p> <hr style="border: 1px solid black;"/> <p>MY COMMISSION EXPIRES:</p> <p>_____</p> <p>NOTARIAL SEAL</p>	<p>AFFIX PHOTO HERE (BUST ONLY)</p>
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STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 BOARD OF ARCHITECTS, LANDSCAPE  
 ARCHITECTS AND INTERIOR DESIGNERS  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**LANDSCAPE ARCHITECT**  
**AFFIDAVIT**

The undersigned, being duly sworn, deposes and says:

1. That he/she has neither performed nor contracted to perform landscape architectural services in the State of Maine.
2. That he/she is not the Landscape Architect of Record for any contract entered into by his/her firm in the State of Maine.
3. That he/she will neither perform nor contract for any landscape architectural services until such time as this application is approved and a landscape architect's license has been granted by the Board.

\_\_\_\_\_  
 Applicant's Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public's Signature

\_\_\_\_\_  
 Date Commission Expires

**YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS THIS AFFIDAVIT IS PROPERLY EXECUTED.**



**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS,  
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS**

**VERIFICATION OF EMPLOYMENT FORM**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

IS/WAS EMPLOYED BY \_\_\_\_\_

DATES FOR EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

POSITION \_\_\_\_\_

AREA OF EXPERIENCE:

DESIGN \_\_\_\_\_  
WORKING DRAWINGS \_\_\_\_\_  
SPECIFICATIONS \_\_\_\_\_  
OTHER \_\_\_\_\_

PROFESSIONAL ADMIN \_\_\_\_\_  
BUILDING-ENGINEERING \_\_\_\_\_  
TEACHING OR RESEARCH \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME PRINTED \_\_\_\_\_

\*\*\*\*\*

**TO BE FILLED OUT BY EMPLOYER**

DATES OF EMPLOYMENT ARE CORRECT \_\_\_\_\_ AREA OF EXPERIENCE IS CORRECT \_\_\_\_\_

PLEASE INDICATE YOUR OPINION OF THE APPLICANT'S POTENTIAL TO PRACTICE ARCHITECTURE/LANDSCAPE ARCHITECTURE BY PLACING AN "X" IN THE APPROPRIATE SPACE BELOW:

PRACTICAL EXPERIENCE:

EXCELLENT \_\_\_\_\_ SATISFACTORY \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PROFESSIONAL COMPETENCE:

EXCELLENT \_\_\_\_\_ SATISFACTORY \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS HALF OF FORM \_\_\_\_\_

FIRM NAME \_\_\_\_\_ POSITION IN FIRM \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EMPLOYER, PLEASE MAIL THE COMPLETED FORM TO: MAINE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035**

# ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Accommodations requested for the \_\_\_\_\_ examination.  
(type of exam)

I will require (Check all that apply)

\_\_\_\_\_ Accessible testing site

\_\_\_\_\_ Braille        \_\_\_\_\_ Large print        \_\_\_\_\_ Tape

\_\_\_\_\_ Reader as accommodation for visual impairment

\_\_\_\_\_ Scribe/amanuensis as accommodation for visual or motor impairment

\_\_\_\_\_ Reader as accommodation for learning disability

\_\_\_\_\_ Sign Language Interpreter

\_\_\_\_\_ Extended time

\_\_\_\_\_ Time-and-a-half        \_\_\_\_\_ Double time

\_\_\_\_\_ Other (specify time) \_\_\_\_\_

\_\_\_\_\_ Separate testing area

\_\_\_\_\_ Use of computer or other adaptive equipment (specify): \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Some accommodation requests may require additional documentation  
(see reverse side)**

## DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires special accommodation for testing, please have this section completed by the appropriate professional, ie., education professional, doctor, psychologist, psychiatrist, to certify that your disabling condition requires the requested test accommodation.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my  
(test applicant) (date)  
capacity as a(n) \_\_\_\_\_.  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

\_\_\_\_\_ Taped test

\_\_\_\_\_ Large print test

\_\_\_\_\_ Reader

\_\_\_\_\_ Scribe/amanuensis

\_\_\_\_\_ Extended time:

\_\_\_\_\_ Time-and-a-half \_\_\_\_\_ Double time

\_\_\_\_\_ More than double time (please justify):  
\_\_\_\_\_

\_\_\_\_\_ Separate testing area

\_\_\_\_\_ Use of computer or other adaptive equipment (please specify)  
\_\_\_\_\_

\_\_\_\_\_ Other (please specify):  
\_\_\_\_\_

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

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

**IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.**



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04333-0035

ANGUS S. KING, JR.  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

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Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

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**Kim Baker-Stetson**  
**MAINE BOARD OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS**  
**(207) 624-8522**



PRINTED ON RECYCLED PAPER  
(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8522 PERSON

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE





STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF LICENSING & REGISTRATION  
 MAINE BOARD OF ARCHITECTS LANDSCAPE ARCHITECTS  
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 DIRECTOR



**AUTHORIZATION OF CREDIT CARD PAYMENT**

**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.**

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa       MasterCard \_\_\_\_\_  
Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_