

IOWA LANDSCAPE ARCHITECTURAL EXAMINING BOARD

200 E Grand, Suite 350 \* Des Moines, IA 50309

515-725-9022 [www.plb.iowa.gov](http://www.plb.iowa.gov)

BIENNIAL RENEWAL July 1, 2015 through June 30, 2017  
DO NOT USE THIS FORM AFTER JULY 30, 2015

*This information is required or your application will be returned*	<input type="checkbox"/> <b>ACTIVE \$350.00</b> <input type="checkbox"/> <b>INACTIVE \$100.00</b> (See Instructions and sign affidavit below) <input type="checkbox"/> <b>RETIRED – no fee due</b>
Registration number: _____	<b>INSTRUCTIONS</b>
<b>Individual's Name &amp; address</b> (preferred mailing)	Iowa Law and Rules require that each Landscape Architect renew biennially by paying the \$350 fee and completing 24 contact hours must be acquired and shall be in health, safety welfare subjects acquired in structured educational activities.
<input type="checkbox"/> Home <input type="checkbox"/> Business	Inactive status. A person registered as inactive may renew the person's certificate of registration on the biennial schedule described in <a href="#">193D—2.8</a> (544B,272C,17A). This person shall be exempt from the continuing education requirements and will be charged a reduced renewal fee as provided in <a href="#">193D—2.10</a> (544B,17A).
_____ Address	Retired status. A person who held a license as a professional landscape architect and <u>who is retired from the practice of landscape architecture in all states of registration</u> may use the title "landscape architect, retired" or "L.A., retired," respectively, in the context of non-income-producing personal activities.
_____ City - State - Zip	Rule 2.8(1) states: "Certificates of registration expire biennially on June 30. In order to maintain authorization to practice in Iowa, a registrant is required to renew the certificate of registration prior to the expiration date. A registrant who fails to renew by the expiration date is not authorized to practice landscape architecture in Iowa until the certificate is reinstated as provided in rule."
<i>Please list an alternate address below</i>	<b>Phone:</b> _____
<input type="checkbox"/> Home <input type="checkbox"/> Business	
_____ Address	
_____ City – State - Zip	

Did you attempt to renew on line?  Yes  No

**FELONY/DISCIPLINE INFORMATION** (attach documentation of questions answered as "yes"):

1. Have you ever been convicted of a felony criminal offense?

Yes  No

2. Are there any felony criminal charges pending against you?

Yes  No

3. Have you ever been disciplined by any other jurisdiction?

Yes  No

**INACTIVE STATUS AFFIDAVIT:** I am renewing to an inactive status. I affirm that I will not engage in any of the practices in Iowa that are listed in Iowa Code section 544B, without first complying with all rules governing reinstatement to active status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COPIES OF COURSE COMPLETION CERTIFICATES MUST BE INCLUDED**

**COMPLETE THE CONTINUING EDUCATION REPORT BELOW**

The reporting period for continuing education is July 1, 2013 through June 30, 2015.

<b>PUBLIC PROTECTION (HEALTH, SAFETY AND WELFARE) SUBJECTS</b>			
PROGRAM TITLE (description)	DATE	SPONSOR / NAME OF INSTRUCTOR	CONTACT HOURS
TOTAL HOURS REPORTED			

<b>SELF STUDY (HEALTH, SAFETY AND WELFARE) SUBJECTS</b>			
PROGRAM TITLE (description)	DATE	NAME OF PROVIDER	HOURS
TOTAL HOURS REPORTED (MAXIMUM 6 HOURS)			
GRAND TOTAL OF ALL HOURS REPORTED			

<b>CONTINUING EDUCATION REPORT PERIOD JULY 1, 2013 TO JUNE 30, 2015</b>	
<b>MAY BE COMPLETED BY <u>NON-RESIDENT</u> LICENSEES IN LIEU OF CE REPORT</b>	
<p>A person registered to practice landscape architecture in Iowa shall be deemed to have complied with the continuing education requirements of this state during the periods that the person is a <b>resident</b> of another state or district which has a continuing education requirement for landscape architecture and meets all requirements of that state or district for practice therein.</p> <p>I _____, hereby certify that I hold a current landscape architect registration in <b>my state of residence</b> which is _____. My <b>residence</b> state has a continuing education requirement, and I maintain the required number of hours to sustain an active license in the above mentioned state.</p>	
X _____	_____
Signature	Date

**By submitting this form, I attest to the following: All statements are true to the best of my knowledge and belief. Information provided on this application may be disclosed pursuant to Chapter 544B Code of Iowa and Administrative Rules 193D.**

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

**(NOTE: This page will be destroyed after processing.)**

Check made payable to: State of Iowa

Payment Amount: \$ \_\_\_\_\_

VISA , MASTERCARD or DISCOVER (Circle One)

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Expiration (Month/Year) \_\_\_\_ / \_\_\_\_

Signature of Cardholder \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**THE BELOW INFORMATION IS REQUIRED FOR PROCESSING.  
Your application will be returned unprocessed if not completed.**

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_

\*Email address: \_\_\_\_\_  
(E-mail addresses are no longer public information as of July 1, 2013.)

*\*Required – will be used to send future courtesy renewal notices\**

**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

**Updated 05/2015**