



# COMMONWEALTH OF MASSACHUSETTS

Division of Occupational Licensure  
Board of Registration of Landscape Architects  
[landscapearchitects@mass.gov](mailto:landscapearchitects@mass.gov)

**THIS FORM AND SUBSEQUENT DOCUMENTS MUST BE EMAILED TO THE BOARD  
MAIL WILL NOT BE ACCEPTED**

## REQUEST FOR REINSTATEMENT APPLICATION

**THIS FORM IS TO BE USED ONLY FOR LICENSES EXPIRED FOR MORE THAN ONE (1) YEAR.**

### Policy of Reinstatement of Lapsed/expired Landscape Architect License

**Under the statute, Gen. Laws ch. 112, s. 103, annual registration fee is due by January 31<sup>st</sup> of every year. All licensees not renewed by the following year must be reinstated. Please see instructions below:**

#### **1. Licenses expired more than twelve (12) months, but less than five (5) years:**

- Submit a complete reinstatement application including:
  1. Provide graphic evidence of at least three projects for which you have been either the landscape architect of record or had substantial responsibility. Graphic evidence must be a minimum of three pages per project and must provide any documents to which your stamp was applied. If you were not the landscape architect of record, provide a detailed description of your responsibility. Photographs and brochures may also be used for evidence.
  2. Provide reference letters from each of the clients of those projects. Reference letters must be written and signed by the client on their letterhead. Encrypted digital signatures will be accepted.
  3. For each year of your lapsed license provide a detailed summary of the work you performed and the projects you have been a part of. Define your role in these projects and identify if your professional stamp was used to sign them after your Massachusetts Registration lapsed.
  4. A Criminal Offender Record Information form (COR) is required.

**Note:** You may be required to appear for an interview before the Registration Board.

#### **2. Licenses expired more than Five (5) years:**

- Submit a complete reinstatement application including:
  1. Provide graphic evidence of at least three projects for which you have been either the landscape architect of record or had substantial responsibility. Graphic evidence must be a minimum of three pages per project and must provide any documents to which your stamp was applied. If you were not the landscape architect of record, provide a detailed description of your responsibility. Photographs and brochures may also be used for evidence.
  2. Provide reference letters from each of the clients of those projects. Reference letters must be written and signed by the client on their letterhead. Encrypted digital signatures will be accepted.
  3. For each year of your lapsed license provide a detailed summary of the work you performed and the projects you have been a part of. Define your role in these projects and identify if your professional stamp was used to sign them since your Massachusetts Registration has lapsed.
  4. A Criminal Offender Record Information form (COR) is required.
- You will be scheduled to appear for an interview before the Registration Board.

**Note:** You may be required to take/retake the Landscape Architects Registration Examination (L.A.R.E.)

#### **ALL APPLICANTS:**

***Once your completed application is approved, you will be notified by mail of the decision of the Board and fees due.***

## REQUEST FOR REINSTATEMENT APPLICATION

**THIS FORM IS TO BE USED ONLY FOR LICENSES EXPIRED FOR MORE THAN ONE (1) YEAR.**

REIN Record ID \_\_\_\_\_

Board meeting \_\_\_\_\_

Schedule Board Interview ☐

Board Interview not required ☐

**Office Use ONLY**

Attach recent  
Passport quality  
photo

To find your license number please go here: <https://elicensing21.mass.gov/CitizenAccess/Default.aspx>

**There is no fee for this application. All fees will be assessed for a maximum of two cycles including a late fee upon approval of the application by the Board.**

Clearly Print/type information:

MA License Number	License Expiration	Date of Birth	SSN
Last Name	First Name	Middle Init.	Generation/Suffix
Address <input type="checkbox"/> Check here for change of address	City/Town	State	Zip
Email Address		Telephone No.	

1. Was your MA license issued by reciprocity from another state? Yes ☐ No ☐ If yes please provide below.

State \_\_\_\_\_ State Registration Number \_\_\_\_\_ original issue date \_\_\_\_\_ expiration date: \_\_\_\_\_

2. Business name under which you are currently practicing or expecting to practice in MA:

3. Provide a brief explanation for lapse of Massachusetts Registration (Use a separate sheet if necessary):

4. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction other than where the license/certification was originally issued. Please attach a certificate of good standing from each state or jurisdiction in which you are licensed /certified, indicating the status of your license and any relevant disciplinary information. (Use a separate sheet if necessary):

5. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ☐ No ☐

If yes, please state the details Use a separate sheet if necessary):

6. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ☐ No ☐  
If yes, please briefly explain the details (Use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you voluntarily surrendered or resigned a professional license/certification in the United States or any country or foreign jurisdiction? Yes ☐ No ☐  
If yes, please state the details (use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes ☐ No ☐  
If yes, please state the details (use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you ever admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes ☐ No ☐
10. Do you have any open/pending charges pertaining to a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes ☐ No ☐

If yes to question 9 or 10 from another jurisdiction, candidate must send in court documentation and write a letter explaining what happened, how it happened and what was the outcome. Without this paperwork, your application will not be approved by the State Board.

I hereby subscribe to and vouch for the statements made herein to be accurate and true in every respect and I understand that any misrepresentation or omission of information may be grounds for the Massachusetts Board of Registration of Landscape Architects to deny the application, to suspend or revoke my license(s), and to take such action as allowed by law. I further attest that, pursuant to G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

I am signing this document of my own free will without coercion this day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

## Attestation of Use of Stamp/Title/Registration

**Please answer the following questions regarding use of your Stamp, Title, and Registration in any Massachusetts project, advertising, etc.**

I certify, under the pains and penalties of perjury; that in the time of my lapsed/expired licensure, I have not used my Massachusetts Landscape Architects stamp on any Massachusetts projects.

Yes ☐ No ☐

I certify, under the pains and penalties of perjury; that in the time of my lapsed/expired licensure, I have not used my Massachusetts Landscape Architects title on any Massachusetts projects.

Yes ☐ No ☐

I certify, under the pains and penalties of perjury; that in the time of my lapsed/expired licensure, I have not used my Massachusetts Landscape Architects registration number on any Massachusetts projects.

Yes ☐ No ☐

If you answered No to any of these questions, please provide a detailed explanation including information about when your title, stamp and registration were used and for what purpose.

Until your reinstatement has been approved you may not use your title, stamp, or registration/license number for any purpose.

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Signature of Applicant

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Date

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING MA EXAM.**

The following questions are based on information contained in Massachusetts General Laws and the Rules and Regulations of the Board. The purpose of these questions is to heighten your awareness of the laws and regulations within which you are required to practice.

**The following questions need to be answered. The applicant must answer a minimum of eight (8) questions correctly in order for the application to be approved.**

1. To be eligible for a Massachusetts landscape architectural license, a landscape designer is required to work under the direct supervision of:
  - a. A licensed Engineer
  - b. A licensed Landscape Architect
  - c. A teacher
  - d. There is no requirement for a Landscape Designer to work under the direction of a person from a designated profession
2. A Landscape Architect must renew his/her license:
  - a. Every 2 years, on the even year, by his/her birth date
  - b. Annually, according to the date on which the license was first issued
  - c. By January 31 every year
  - d. Every 5 years on January 1
3. According to current Massachusetts law, licensure as a landscape architect allows the licensee to:
  - a. Perform architectural work as incidental to his/her work
  - b. Use the title Landscape Architect
  - c. Design stormwater systems for major streetscape projects
  - d. All of the above
  - e. A and B only
  - f. B and C only
4. Massachusetts General Laws Chapter 131, Section 40 provides for a definition of coastal wetlands. Which of the following areas is excluded in that definition?
  - a. Bank subject to tidal action
  - b. Scenic Bluff
  - c. Lowland subject to tidal action
  - d. Swamp subject to coastal storm flowage
5. In non-urban areas the normal width of the "Riverfront Area" jurisdiction under 131/40, 310 CMR is:
  - a. 100 feet
  - b. 150 feet
  - c. 200 feet
  - d. 500 feet
6. The Federal Clean Water Act for wetlands is based on three characteristics. Which of the following is excluded in that definition?
  - a. Presence of hydric soils
  - b. The hydrology of the area
  - c. Hydrophytic vegetation
  - d. An area that floods every spring
7. Massachusetts Rules and Regulations of the Massachusetts Architectural Access Board 521 CMR requires designers to comply with 521 CMR 24 Ramps when "walkways" with a running slope are greater than:
  - a. 1 vertical foot in 12 horizontal feet
  - b. 1 vertical foot in 15 horizontal feet
  - c. 1 vertical foot in 20 horizontal feet
  - d. 1 vertical foot in 25 horizontal feet

8. Massachusetts Rules and Regulations of the Massachusetts Architectural Access Board 521 CMR requires “walkways” provide an unobstructed path of travel with the least:
  - a. 48 inches clear excluding curb stones
  - b. 36 inches clear excluding curb stones
  - c. 60 inches clear excluding curb stones
  - d. 36 inches clear including curb stones
9. The Massachusetts Prohibited Plant List does NOT include which species?
  - a. Amur Honeysuckle (*Lonicera maackii*)
  - b. Japanese Barberry (*Berberis thunbergii*)
  - c. Multiflora Rose (*Rosa multiflora*)
  - d. Mapleleaf Viburnum (*Viburnum acerifolium*)
10. Bid laws for publicly funded projects, as identified in MGL C149 S26 through 27H require the bid documents to include:
  - a. Minimum Wage Rates and weekly reporting requirements;
  - b. Preference for qualified residents who are veterans
  - c. Process for appeal by two or more members of a labor organization
  - d. All of the above

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Occupational Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

*Landscape Architects*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\*Last **Six Digits** of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

☐ Passport   ☐ State-issued driver's license   ☐ Military identification   ☐ State-issued identification **d**

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On