



First-Time Licensure Application for Examination OR Reciprocity Commonwealth of Massachusetts Board of Registration of Landscape Architects

Licensure by Examination

The following are the steps to licensure by application for examination. Please read in its entirety and note the fees for each step where a fee is applicable:

Item 1. A complete application package shall consist of the following items:

- a. A completed *First-Time Licensure Application for Examination* with a professional quality photo (any additional supporting documentation may also be compiled).
- b. An official transcript from the college or university in which you graduated from a Landscape Architectural program in its' unopened original school sealed envelope. (**Opened or tampered envelopes will not be accepted**) Official transcripts must include your graduation date and carry the official school seal. In lieu of graduation from a landscape architecture program, an applicant must present evidence of at least six years of practical experience in landscape architectural work of a grade and character satisfactory to the board. Credit may be given for approved college education at the discretion of the board.
- c. A total of five (5) completed *Reference Forms*.
 - Three (3) Professional references who have been licensed as a Landscape Architect for 10 or more years. A minimum of 2 from registered Landscape Architects including your immediate supervisor or employer (One (1) reference may be from a registered Architect or Professional Engineer).
 - Two (2) Personal references from individuals who can attest to your character. Relatives may not complete *Reference Forms*. **All Reference Forms must be in sealed envelopes. Opened or tampered envelopes will not be accepted**
- d. Non-refundable or transferable \$45 Application fee by electronic check personal check or credit card payable to Commonwealth of Massachusetts.

Item 2. The Board reviews the application and determines eligibility at the next available Board meeting. (Please visit the Board website to view meetings schedule.)

Item 3. The Board determines eligibility

- If ineligible, the Board will notify the applicant
- If eligible, the Board will notify CLARB and the applicant

Item 4. Applicants are responsible for contacting CLARB directly to schedule the L.A.R.E. examination and pay the appropriate examination fees after approval from the Board.

Item 5. Upon successfully passing the L.A.R.E., applicants must submit an official CLARB grade report to the Board with the licensing fee of \$66 by check or money order payable to Commonwealth of Massachusetts.

Licensure by Reciprocity

The following are the steps to licensure by application for reciprocity. Please read in its entirety and note the fees for each step where a fee is applicable:

Item 1. Applicant submits completed forms, fees and supporting documentation to the Massachusetts Board including:

- a. A completed *First-Time Licensure Application by Reciprocity* with a professional quality photo (any additional supporting documentation may also be compiled).
- b. An official transcript from your college or university in its unopened original school sealed envelope. **(Opened or tampered envelopes will not be accepted)** Official transcripts must include your graduation date and carry the official school seal.
- e. A total of five (5) completed *Reference Forms*.
 - Three (3) Professional references licensed for 10 or more years. All three (3) from registered Landscape Architects (One (1) reference may be from a registered Architect or Professional Engineer).
 - Two (2) Personal references from individuals who can attest to your character. Relatives may not complete *Reference Forms*. **All Reference Forms must be in sealed envelopes. Opened or tampered envelopes will not be accepted**
- c. *Verification of Registration Form* completed by the state board in the state in which you are registered and/or have taken your examination. The completed form may be sent directly to the Massachusetts Board of Landscape Architects or returned to the candidate in a sealed envelope.
- d. Non-refundable or transferable \$66 Application fee by check or money order payable to Commonwealth of Massachusetts.

Item 2. The Board reviews the application and determines eligibility at the next available Board meeting. Please visit the Board website to view meetings schedule.

Item 3. The Board determines eligibility. If ineligible, the Board will notify the applicant.

Item 4. Once approved for licensure, applicants pay the licensing fee of \$66 by check or money order payable to Commonwealth of Massachusetts.

All applicants are required to obtain an official copy of the Rules and Regulations (242 CMR) from the State House Book Store at:

Massachusetts State Book Store
State House
Room 114
Boston, MA 02133
617-727-2834



The Commonwealth of Massachusetts
Division of Occupational Licensure
1 Federal Street, Suite 0600, Boston, MA, 02110 • (617) 727-9931
www.mass.gov/dpl/boards/la
BOARD OF LANDSCAPE ARCHITECTS

☐ **First-Time Licensure Application for Examination**

☐ **First Time Licensure Application by Reciprocity**

(If you have submitted an application to this Board previously please indicate when and provide an explanation on separate paper)

A. Biographical Information.

Provide your full name, date of birth, Social Security Number, 2x2 photo, and mailing address. This information will be used in creating your official record. It is important that this section be complete and accurate.

***If you are not a US citizen you must provide a letter explaining and indicate your intention and an estimated timeline.**

***Social Security Number** must be disclosed per state and federal law. No license will be issued without a Social Security Number on record.

Official Use only

Record ID _____

Board Review _____

License No. _____

Date issued _____

Last Name		First Name		Middle Init.	Other(Maiden)
Date of Birth		Place of Birth		*SSN	
Citizen <input type="checkbox"/>		Male <input type="checkbox"/>		Attach a recent 2" x 2" Passport quality photograph	
Alien Resident <input type="checkbox"/>		Female <input type="checkbox"/>			
*Other <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>			
Email		Preferred Communication Postal mail <input type="checkbox"/> Email <input type="checkbox"/>			
Bldg No.	Street				
Apt No	Po Box	City			
State		Zip Code			
Primary Phone		Mobile		Email	
Business Contact		Bldg No.	Street		
City		State	Zip	Phone	

B. Disciplinary Questions.

Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

- Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? (If yes, please provide a detailed explanation on a separate sheet of paper.)
YES ☐ NO ☐
- Have you ever admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction?
The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records -and other Federal and professional records-may be checked as part of your licensing process. You will be given an opportunity for limited appearance before the Board.
YES ☐ NO ☐
- List any licenses/certifications you hold in any jurisdiction and jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each jurisdiction in which you are licensed/certified, indicating the status of your license and any disciplinary information.
YES ☐ NO ☐

C. (CONTINUED) Disciplinary Questions. Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

4.

Has a licensing/certification board in any jurisdiction taken any disciplinary action against you? (If yes, please state the details on separate paper.)

YES

NO

☐

☐
5.

Are you the subject of pending disciplinary action by a licensing/certification board located in any jurisdiction? (If yes, please state the details on separate paper.)

YES

NO

☐

☐
6.

Have you ever voluntarily surrendered a professional license to a licensing/certification board in any jurisdiction? (If yes, please state the details on separate paper.)

YES

NO

☐

☐

D. Experience. Full-time work experience for periods of six (6) months or longer, following completion of a degree in landscape architecture, counts towards the fulfillment of the state requirement of two (2) years of experience.

Experience: Give full information concerning periods of employment contributing to your experience in the practice of Landscape Architecture. Start with present position and work back, explaining exact duties. Include only that experience under the direct supervision of a registered Landscape Architect. Enter only time spent in practicing landscape architecture as defined in M.G.L.c. 112, s. 98. Use additional sheets if necessary.

Date From - To	Name, License #, Address of R.L.A. Supervisor, Nature/Character of work duties	Hours/Week

Personal: Describe briefly the nature and extent of any service or pertinent non-landscape architectural work, which you may be doing or in which you may have been engaged which contributes to your qualification as a Landscape Architect.

Date From - To	Name, License No., Address of R.L.A. Supervisor, Nature/Character of work duties	Hours/Week

List professional and technical organizations of which you are a member or associate and any professional registration other than Landscape Architect you hold in any jurisdiction (Identify states and specific fields):

- E. Education.** List school name, address, major course of study, dates attended, degree awarded.

High School	Dates	Major Study	
College or University	Dates Attended	Major study	Degree
Other Education	Dates Attended	Major study	Award

- F. References.**
Applicants must attach 3 professional references of three Landscape Architects who have been in licensed practice for ten (10) years or more and whom you have asked to file references. List references from whom you have obtained separate reference forms.

One professional reference must be from an immediate supervisor or employer.

Give the names of two character references from whom you have obtained a character reference form separately. Do not include relatives.

Name	Firm	Relationship/yrs known
Name	Firm	Relationship/yrs known
Name	Firm	Relationship/yrs known

Name	Relationship/yrs known
Name	Relationship/yrs known

G. Mandatory General Questions – Chapter

ALL APPLICANTS MUST COMPLETE THIS SECTION.

The questions in the opposite column are a sample of the information contained in Massachusetts General Laws, www.mass.gov and the Rules and Regulations of the Board. The purpose of these questions is to heighten your awareness of the laws and regulations in which you are required to practice.

Applicant must correctly answer a minimum of eight (8) questions in order for the application to be approved. Please circle the corresponding letter to the correct answer.

- To be eligible for a Massachusetts landscape architectural license, a landscape designer is required to work under the direct supervision of:
 - A licensed Engineer
 - A licensed Landscape Architect
 - A teacher
 - There is no requirement for a Landscape Designer to work under the direction of a person from a designated profession
- A Landscape Architect must renew his/her license:
 - Every 2 years, on the even year, by his/her birth date
 - Annually, according to the date on which the license was first issued
 - By January 31 every year
 - 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 defines wetlands based on three characteristics. Which of the following is excluded from 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. one vertical foot in 12 horizontal feet
 - b. one vertical foot in 15 horizontal feet
 - c. one vertical foot in 20 horizontal feet
 - d. one vertical foot in 25 horizontal feet
8. Massachusetts Rules and Regulations of the Massachusetts Architectural Access Board 521 CMR an unobstructed path of travel shall be provided with at 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 which of the following:
 - 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

I certify, under the pains and penalties of perjury, that the information I have provided in this application is accurate. I understand that failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Landscape Architects to deny me the right to sit as a candidate or to subsequently suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest, pursuant to GL c. 62C, s. 49A. to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes.

Signature of Applicant

Date



The Commonwealth of Massachusetts
Division of Occupational Licensure
1 Federal Street – Suite 0600 – Boston, MA, 02110 (617) 727-3072
www.mass.gov/dpl/boards/la
BOARD OF LANDSCAPE ARCHITECTS

CONFIDENTIAL REFERENCE FORM

Dear Reference,

You have been requested to provide reference information for an applicant for registration as a Landscape Architect in Massachusetts under the provisions of Chapter 473 of the Acts of the 1968 Session of the Legislature of this Commonwealth. Pertinent information concerning the applicant will be helpful to the Massachusetts Board of Registration of Landscape Architects.

In order for the provisions of the licensing law to be effective in safeguarding public health, safety and welfare, the Board of Registration of Landscape Architects has been charged with the responsibility of limiting the use of the title "Landscape Architect". Only those who are qualified for that profession on the basis of quality of character, education, and practical experience in landscape architectural work may use this title. As one of the applicant's references, you are familiar with his or her professional work or have knowledge of his or her ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his or her professional work as well as your opinion of his or her professional competence and character.

The Board will further appreciate your cooperation in supplying the information requested and in forwarding it as soon as possible to the applicant in a sealed envelope. The applicant must return the sealed envelope directly to the Massachusetts Board of Registration of Landscape Architects with their completed application. If the Reference Forms come into the Massachusetts Board of Registration of Landscape Architects office open or incomplete, they will be returned to the applicant.



The Commonwealth of Massachusetts
Division of Occupational Licensure
1 Federal Street – Suite 0600 – Boston, MA, 02110 (617) 727-3072

www.mass.gov/dpl/boards/la

BOARD OF LANDSCAPE ARCHITECTS

PROFESSIONAL REFERENCE FORM & EMPLOYMENT VERIFICATION

Applicant Information

PLEASE PRINT

Last Name	First Name	Middle Name	Generation
Maiden / Former / Also Known As			
Building number	Street address	Po Box	
City	State	Zip Code	

Professional Reference Information

REFERENCE INFO

Name	Position	Firm/Agency Name	
Building/Apt no.	Residential Street address	PO Box	
City	State	Zip	
Building number	Firm/Agency Street address	Po Box	
City	State	Zip Code	
Firm/Agency Phone Number ()		Email Address at Firm	

Applicant's Diverse Landscape Architectural Experience Breakdown

Dates of Employment	Hours per week	Indicate how you grade the quality of the applicant's experience in the following areas using the grading system: A Proficient; B Some Experience; C Little to None	
<u>General</u>	<u>Construction Documents</u>	<u>Construction Administration</u>	
Programming	Layout Plans	Shop Drawings & Submittals	
Site & Environmental Analysis	Grading Plans	Field Observation	
Code Research	Drainage Plans		
Feasibility Studies	Planting Plans		
Schematic Design	Sections & Details		
Design Development	Specifications-Technical		
Schematic Cost Estimating	Specifications-Front End		
Project coordination with Clients, consultants	Bid Cost Estimating		
Permits & Approvals			

Rate the applicant's ability and character to the best of your knowledge by placing an "X" in the appropriate spaces below. If either of the "Unsatisfactory" boxes is checked please submit a letter of explanation with this form.	Excellent	Satisfactory	Marginal	Unsatisfactory	Unknown
Technical Competence					
Professional Conduct or Character					

Do you consider the applicant qualified for registration as a Landscape Architect? ☐Yes ☐No

Profession: ___Landscape Architect ___Engineer ___Architect ___Certified Planner (AICP)

Licensure: _____
License # Issue Date Expiration Date State

Signature: _____ Date: _____

Place Stamp or Seal of Professional Reference below:



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BOARD OF LANDSCAPE ARCHITECTS

PERSONAL CHARACTER REFERENCE FORM

Applicant Information

PLEASE PRINT

Last Name	First Name	Middle Name	Generation
Maiden / Former / Also Known As			
Building number	Street address	Po Box	
City		State	Zip Code

CHARACTER REFERENCE INFO

Name	yrs knowing applicant	Relationship
Building/Apt no.	Residential Street address	PO Box
City	State	Zip

Comments about the Applicant's integrity, skills and commitment relating to Landscape Architecture profession:

Signature: _____ Date: _____



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www.mass.gov/dpl/boards/la
BOARD OF LANDSCAPE ARCHITECTS

License Verification of Registration

The MA board of Landscape Architects requests that the following information is completed on behalf of the applicant licensed in your state. You may submit the verification form directly to MA or it may be returned to the applicant in a sealed envelope. **Nb.** the applicant must remit the verification in its sealed state to the MA Board.

BOARD OF REGISTRATION:

Board _____

Address _____

Phone _____

APPLICANT:

Name _____

Address _____

License Number _____

To be completed by Board officials only

Official public records of the herein named Board contain the following information for the above named individual licensee:

1. Registered Landscape Architect license number _____
2. Original issue date _____
3. Current or last expiration date _____
4. Registration obtained by :
 - ☐ practice in the State at time of passage of Law (explain) _____
 - ☐ reciprocity with the State of _____
 - ☐ Orated examination Exam date: _____
 - ☐ Written examination Exam date: _____

For Official Use (complete in entirety):

Exam Subject	Number of hours	Passing grade	Date passed	U.N.E or L.A.R.E.

Board certified record entered by Board Official rep: _____ Title: _____

Signature: _____

Date: _____