

## APPLICATION INSTRUCTIONS

Per the S.C. Code of Laws, Section 40-28-20, in order to safeguard public welfare, health, and property and to promote public good, any person practicing or offering to practice landscape architecture, privately or in public service, shall be required to submit evidence that he/she is qualified to practice and shall become registered as hereinafter provided. It shall be unlawful for any person to practice landscape architecture or to use the term "Landscape Architect" unless duly licensed under the provisions of this Act.

### I. PERSONAL DATA

Furnish all information requested. Please indicate your preferred mailing address. **Be sure to affix a passport size photo in the box on the front page of the application.**

### II. EDUCATION AND EXPERIENCE

Please have a certified copy of your college transcripts sent directly to this office for completion of your registration file in order to qualify meeting criteria under the "Education" requirement in our law.

"Experience" refers to employment as a landscape architect or performing landscape architectural work under the direct supervision of a registered landscape architect, or other experience acceptable to the Department. Your record of experience is a part of your application and is covered by your oath. Be sure to include all requested information (including a full address in order to process the Employment Verification for your registration file).

### III. REFERENCES

Five (5) reference questionnaires are enclosed for your convenience. It is your responsibility as an applicant to forward these to your named references (on the back page of your application). They must be instructed to mail the completed questionnaire directly to the Department as soon as it is completed. If reference questionnaires are not received within three (3) months of the date of receipt of the application, your application may be rejected. The questionnaire must be fully completed and signed.

Please note that if you have a CLARB Council Record, we will accept the three (3) references on your CLARB file; however, you will still need to submit two (2) additional references in order to complete the requirement of five (5) total references for your registration file.

### IV. APPLICATION FEE

Please remit the appropriate application fee with your completed application. A Schedule of Fees is on the reverse side of this page.

### V. CORPORATIONS OR PARTNERSHIPS

Corporations or partnerships contracting for and/or collecting fees for landscape architectural services are required by the SC Code of Laws, Section 40-28-160 to file for and receive a Certificate of Authorization. Application forms for the Certificate of Authorization are available from the address listed below.

#### RETURN COMPLETED APPLICATIONS TO:

SC DEPARTMENT OF NATURAL RESOURCES  
LANDSCAPE ARCHITECT REGISTRATION PROGRAM  
1000 ASSEMBLY STREET, P.O. BOX 167  
COLUMBIA, SC 29202

Temporary licenses are available under special circumstances.

Please note that applications typically take three (3) months to process and review for registration, if all application materials are returned immediately. If there are any problems with your application or if we need additional information, you will be contacted by our office.

For more information please contact Sherri Moorer by telephone at (803) 734-9131 or by E-mail at [MoorerS@dnr.sc.gov](mailto:MoorerS@dnr.sc.gov) .

**SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES (SCDNR)**  
**LANDSCAPE ARCHITECT REGISTRATION PROGRAM**  
**SCHEDULE OF FEES**

<b>Description</b>	<b>Fee</b>
Reciprocity Registration	\$125.00
Initial Registration (After Passing LARE)	\$75.00
Initial Certificate of Authorization (Firms & Partnerships)	\$150.00
Annual Individual License Renewal	\$75.00
Annual Certificate of Authorization Renewal	\$120.00
Late Fee (for Individual Registrations and Certificates of Authorization paid after the January 31 <sup>st</sup> renewal deadline)	\$20.00
Temporary License (1 year license valid for 1 project in the State of SC)	\$100.00
Duplicate Wall Certificate (for Individual License)	\$25.00
Reinstatement Fee	Annual Renewal Fee + Late Fee for Each Year License has Lapsed

Please note that Grandfathered registrants cannot register through reciprocity or reinstate their lapsed license without first passing the CLARB – UNE, CLARB – LARE, or becoming CLARB Certified.

To be filled in by Department

Action \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 20 \_\_\_\_\_  
 (Date of Action)

Action \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 20 \_\_\_\_\_  
 (Date of Action)

Action \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 20 \_\_\_\_\_  
 (Date of Action)

Action \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 20 \_\_\_\_\_  
 (Date of Action)

Registration No. \_\_\_\_\_  
 \_\_\_\_\_  
 (Section of Law)

\_\_\_\_\_ 20 \_\_\_\_\_  
 (Effective Date)



DNR

South Carolina Department of  
 Natural Resources  
 Landscape Architects  
 Registration Program

1000 Assembly Street  
 Columbia, SC 29201  
 803-734-9131

APPLICATION FOR REGISTRATION  
 TO PRACTICE LANDSCAPE ARCHITECTURE

CHECK APPROPRIATE BOX, ENCLOSE PRESCRIBED FEE LISTED ON INSTRUCTION SHEET  
 MAKE CHECK PAYABLE TO: SCDNR, APPLICATION FEES ARE NON-REFUNDABLE  
 (See S.C. Code of Laws 40-28-110, 120, 130)

CLARB – LANDSCAPE ARCHITECT REGISTRATION EXAM (LARE)

I hereby certify that I meet the minimum requirements for registration under Method I or II as indicated below:

\_\_\_\_\_  
 Signature of Applicant

**I. ACCREDITED DEGREE AND TWO YEARS EXPERIENCE AND PASS CLARB LARE**  
 Must be a graduate of an accredited landscape architectural curriculum approved by the Department and have two (2) years experience under a registered landscape architect and satisfactorily pass the CLARB Landscape Architect Registration Exam (LARE).

**II. HIGH SCHOOL, PLUS 8 YEARS EXPERIENCE AND PASS CLARB LARE**  
 Must be a high school graduate or have education equivalent thereto as determined by the Department and, in addition, at least eight (8) years varied landscape architectural experience under the supervision of a registered landscape architect approved by the Department and satisfactorily pass the CLARB Landscape Architect Registration Exam (LARE). A maximum of three (3) years of the experience requirement may be satisfied by proof of education.

**III. RECIPROCITY**  
 An applicant who holds the license or certification to practice landscape architecture issued upon satisfactory completion of written examination by a legal constituted Board of Examiners of NY or the District of Columbia, or any other territory or possession under the control of the United States; PROVIDED, that such requirements of the State in which applicant is registered are equivalent to those of this State

**CLARB CERTIFICATION**  
 Applicant may submit certification documents from the Council of Landscape Architectural Registration Boards (CLARB) verifying qualifications for registration.

**I. PERSONAL DATA**

1. Full name (as you wish it to appear on certificate of registration)

\_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last)

PLEASE CHECK BOX TO INDICATE PREFERRED MAILING ADDRESS

2.  Business \_\_\_\_\_ (firm name)

\_\_\_\_\_ (street or box)

3. Phone Number ( ) \_\_\_\_\_

4. Residence \_\_\_\_\_ (street and number)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

5. Phone Number ( ) \_\_\_\_\_
6. Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
(same as affidavit on back)
7. Date of Birth \_\_\_\_\_
8. Citizen of (State or foreign country) \_\_\_\_\_
9. Are you registered as a professional Landscape Architect elsewhere? \_\_\_\_ Yes \_\_\_\_ No If yes, show the following:
- | Name of State or Country | Basis* | Registration Date | Cert. No. | Expiration Date |
|--------------------------|--------|-------------------|-----------|-----------------|
|                          |        |                   |           |                 |
|                          |        |                   |           |                 |
|                          |        |                   |           |                 |
10. Do you hold C.L.A.R.B. Certification? \_\_\_\_ Yes \_\_\_\_ No Date Received \_\_\_\_\_ Certification Number \_\_\_\_\_  
Is it presently active? \_\_\_\_ Yes \_\_\_\_ No Expiration/Renewal Date \_\_\_\_\_
11. Are you now a resident of South Carolina? \_\_\_\_ Yes \_\_\_\_ No If yes, how many years? \_\_\_\_\_
12. Names of technical or professional organizations to which you belong with grade of membership.  
\_\_\_\_\_  
\_\_\_\_\_
13. Have you ever refused a license or had revocation or other disciplinary proceedings filed against you? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_
14. Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
15. Have you been adjudged mentally incompetent by court of competent jurisdiction? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**II. EDUCATIONAL AND EXPERIENCE**  
**1. SUPERVISED EDUCATION**

High School Or Preparatory Education	NAME OF INSTITUTION	Years Attended		Date of Graduation	Course Completed Degree Conferred*
		From	To		
*College or University					
Certified Copy Of Transcript Required					

**2. UNSUPERVISED EDUCATION – Home Study, Correspondence School**

\_\_\_\_\_  
\_\_\_\_\_



	Total summarized by applicant			
	Total as verified by Department			

NOTE: Furnish additional information on education or experience on extra 8 1/2 x 11 sheets if required.

\_\_\_\_\_  
Signature of Applicant Date

**III. REFERENCES**

List below at least five (5) citizens of the USA, three (3) of whom shall be registered Professional Landscape Architects, not relatives or members of this Department or Council, to whom the Department may apply for information in regard to your character and professional ability. No more than two (2) references from the same firm.

NAME	ADDRESS (with zip)	OCCUPATION (Las show registration State and No.)	BUSINESS RELATION TO APPLICANT
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**INFORMATION FOR APPLICANT**

It is unlawful for any person to use the title "Landscape Architect" or to engage in any work which comes under the provisions of the Act regulating the practis of Professional landscape Architects unless he/she holds a Current License issued by this Department.

Carefully read all information released by the Department pertaining to registration and determine your ability to qualify.

**PLEDGE**

I hereby certify that all information disclosed in this form is true, correct and complete to the best of my knowledge; I have familiarized myself with the provisions of S.C. Code of Laws, Section 40, Chapter 28, to regulate the practice of Landscape Architecture and to provide penalties for violators; and do hereby subscribe to and agree to abide by the provisions therein and related Rules and Regulations promulgated by the Department.

\_\_\_\_\_  
Signature of Applicant Date

**AFFIDAVIT**

(To be made before a Notary Public or official qualified by law to administer oaths)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me

personally appeared \_\_\_\_\_

known to me to be the person herein described, and signed the foregoing form of application, and on oath swears (or affirms) that all the statements herein made are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
NOTARY

**Note: Please photocopy this form and mail it to your chosen references. They should return the completed form directly to our office by mail, E-mail, or FAX (contact information listed at the bottom of this form).**

**SOUTH CAROLINA LANDSCAPE ARCHITECT REGISTRATION PROGRAM  
CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT**

<b>APPLICANT COMPLETE THIS SECTION</b>	Date: _____
_____ of _____ (Name) (Address)	

The above referenced individual has submitted an application for registration to practice landscape architecture in South Carolina and has submitted your name as a reference. The SC Code of Laws, Title 40, Chapter 28, regulates the practice of landscape architecture in the State of South Carolina, which practice, in turn, safeguards life, health, and property and a high professional standard. Please give complete, accurate answers to the following questions. A prompt reply would be appreciated. Please use the reverse side of this form for additional comments.

<b>REGISTERED LANDSCAPE ARCHITECTS COMPLETE THIS SECTION</b>			
A. 1. How long have you known the applicant? _____			
2. Was the applicant ever employed under your direct supervision?    _____ Yes                      _____ No			
From: _____ To: _____ (Month)                      (Year)                      (Month)                      (Year)			
_____ Full-Time or _____ Part Time (If Part-time, applicant worked: _____ Hours per week for _____ weeks.)			
3. What is your opinion of the applicant's competency in the following areas?			
	Excellent	Satisfactory	Unsatisfactory
(a) Technical Knowledge	_____	_____	_____
(b) Professional Experience	_____	_____	_____
(c) Professional Reputation	_____	_____	_____
4. Do you believe the applicant to be fully qualified to practice landscape architecture?			
_____ Yes                      _____ No (If no, please explain on reverse side)			

<b>OTHERS COMPLETE THIS SECTION</b>	
B. 1. How long have you known the applicant? _____	
2. Was the applicant ever employed under your direct supervision?    _____ Yes                      _____ No	
3. Did the applicant ever perform landscape architectural services for you?    _____ Yes                      _____ No	
4. Do you know of anything that, in your opinion, might preclude this applicant from being a competent landscape architect?    _____ Yes (If yes, please explain on reverse side)                      _____ No	

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

IF LANDSCAPE ARCHITECT, AFFIX STATE LANDSCAPE ARCHITECT SEAL:                      Profession: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

