



Ohio Board of Landscape Architect Examiners

77 South High Street, 16th Floor
Columbus, Ohio
43215-6108

Phone (614) 466-2316
Fax (614) 644-9048
www.arc.ohio.gov/

Instructions for Application for Registration by Examination (LAE 010)

- Applicants with a professional degree in landscape architecture may sit for the Landscape Architecture Registration Exam (LARE) before the experience requirement has been completed.
- The application (LAE 010) must be notarized. Incomplete applications will be returned. Keep a copy of the application for your files.
- Include a check or money order in the amount of \$50.00, payable to "Treasurer, State of Ohio". Mail to the Board of Landscape Architect Examiners, 77 S. High St., 16th Fl, Columbus, OH 43215-6108.
- Have an official copy of your transcript sent directly from your university to the Board.
- Read Chapter 4703 of the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC). Obtain online at www.arc.ohio.gov/.
- Candidates must have a CLARB Council Record.
- Once the candidate has completed all sections of the exam, they must have CLARB send the Board a complete copy of the CLARB Council Record, including official certification of all exam scores.
- All sections of the exam are administered by CLARB and can be taken at any Prometric testing center in the United States. Candidates must register for the exam the CLARB website at www.clarb.org.
- Include a recent wallet size photo (color or black and white). Digital photos are accepted.
- Complete applications are approved in two to three business days. You will receive an email confirmation.
- The license to practice landscape architecture in the state of Ohio will automatically be issued when all requirements have been met.

For questions or assistance, contact:

Stephanie Happ

Phone: (614) 466-2316

Email: [stephanie.happ @arla.state.oh.us](mailto:stephanie.happ@arla.state.oh.us)

Fax: (614) 644-9048

FIRM REGISTRATION REQUIRED

Ohio Revised Code § 4703.331 requires all firms, partnerships, associations, limited liability companies and corporations to obtain a firm Certificate of Authorization **prior** to providing landscape architecture services in Ohio. See "Firm Registration" at <http://www.arc.ohio.gov/FirmRegistration.aspx> for further information. In addition, all firms must first register to do business in the state of Ohio with the Ohio Secretary of State at <http://www.sos.state.oh.us/SOS/businessServices.aspx>

Appl. #	Cert.#
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Application for Registration By Examination (LAE 010)

1. PERSONAL

Name		Email (required)	
Social Security No. (required)		Birth Date (month/day/year)	
Send all correspondence to: <input type="checkbox"/> Home <input type="checkbox"/> Firm			
Residence address		Firm Name	
Residence Address		Firm Street Address	
City, State, Zip + 4	County (if Ohio)	City, State, Zip + 4	County (if Ohio)
Phone		Phone	Fax

2. ANSWER THESE QUESTIONS: If "Yes" to either question number four or five, submit a statement of facts for each on a separate sheet of paper.

1. Yes No Have you read Chapter 4703 of the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC)?
2. Yes No Have you ever taken any sections of the landscape architecture registration examination (LARE) before?
If yes, through what entity? _____ What sections? _____
3. Yes No Are you aware of the requirements for firm registration set forth in ORC 4703.331?
4. Yes No Have you been convicted of any crime (other than a misdemeanor)?
5. Yes No Are you registered with the State Civil Child Sexual Abuse Registry under ORC 4799.01?

NAME AS IT SHOULD APPEAR ON THE CERTIFICATE: _____

Applicant please complete this section	CLARB Record #	College/University	Degree/date obtained
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Board Use Only	Date Received	Check #	CLARB Record Received	E-License
	Director Approved	Board Approved	Date Licensed	Cert Printed



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A F F I D A V I T

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signature _____

Subscribed and sworn before me on this _____ day of _____, 20_____

in the County of _____, State of _____.

Signature of Notary Public

Notary Seal

My commission expires _____