

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
**Website:** <http://dps.wi.gov>

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

### APPLICATION FOR LANDSCAPE ARCHITECT EXAMINATION

#### NO FEE REQUIRED

**Instructions:** All applicants (new and retake) must register directly with CLARB using CLARB's online registration system at [www.clarb.org](http://www.clarb.org). Each candidate must have a valid email address to be used as the user name and will be asked to create a unique password.

If you have an LAAB or LAAC accredited degree in Landscape Architecture and wish to become initially licensed in Wisconsin, register directly with CLARB at [www.clarb.org](http://www.clarb.org). You do not need to complete this application.

If you do not have an accredited degree, you will need to obtain pre-approval before beginning the exam process by completing this form. You may fax/email this form to: (608) 261-7083 or [DSPSCREDAEJOINTBOARD@wisconsin.gov](mailto:DSPSCREDAEJOINTBOARD@wisconsin.gov).

**Upon Passing Exams:** After passing all parts of the exams through CLARB ([www.clarb.org](http://www.clarb.org)), the applicant must request CLARB to transmit official verification of the passed exams to DSPS and submit the Application for Landscape Architect Registration (**Form #2088**) to have exams verified and to have application scheduled for board review. You can find a list of all application materials and meeting dates online at <http://dps.wi.gov/Licenses-Permits/LandscapeArchitect>. Applicants are encouraged to submit application materials to the Department early to ensure time for processing and availability for Board review.

|                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                        |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>Last Name</b><br><input type="text"/>                                                       | <b>First Name</b><br><input type="text"/>                                                                                                                                                                                                                                                        | <b>MI</b><br><input type="text"/>                                                                     | <b>Former / Maiden Name(s)</b><br><input type="text"/> |
| <b>Address</b> (street, city, state, zip)<br><input type="text"/>                              |                                                                                                                                                                                                                                                                                                  | <b>Daytime Telephone Number</b><br><input type="text"/> - <input type="text"/> - <input type="text"/> |                                                        |
| <b>Mailing Address</b> (if different)<br><input type="text"/>                                  |                                                                                                                                                                                                                                                                                                  | <b>Date of Birth</b><br><input type="text"/> / <input type="text"/> / <input type="text"/>            |                                                        |
| <b>Social Security #</b><br><input type="text"/> - <input type="text"/> - <input type="text"/> | Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law. |                                                                                                       |                                                        |
| <b>Email Address</b><br><input type="text"/>                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                        |

Applicant Signature:

Date:  /  /