

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.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. 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. 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) 251-3036 or DSPSCREDAEJOINTBOARD@wisconsin.gov.

Upon Passing Exams: After passing all parts of the exams through CLARB (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://dspd.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.

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <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.		
Email Address <input type="text"/>			

Applicant Signature:

Date: / /

