

STATE OF WISCONSIN DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

AFFIDAVIT OF NON-PRACTICE
FOR LANDSCAPE ARCHITECT RENEWAL APPLICANTS
SEEKING CONTINUING EDUCATION WAIVERS
PURSUANT TO A-E 11.07

STATE OF \_\_\_\_\_ )
) SS.
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ (print name), do solemnly swear or affirm
Under penalty of perjury that:

- 1. I am a registered Landscape Architect in the State of Wisconsin, registration number \_\_\_\_\_
2. I make this Affidavit in conjunction with my request to renew my credential for the biennium running from August 1, 2018 to July 31, 2020 without having first met the continuing education requirements for the biennium which ran from August 1, 2016 to July 31, 2018.
3. I am seeking a waiver of the continuing education requirements because I am currently not practicing, or presently intend to no longer practice landscape architecture in the State of Wisconsin during the biennial period running from August 1, 2018 and ending July 31, 2020.
4. That in exchange for such a waiver, I do acknowledge, affirm and agree as follows:
a. Pursuant to Wis. Stat. s. 443.02(4), no person may practice landscape architecture in this state unless the person has been issued a certificate of registration or granted a permit to practice.
b. During the biennial period noted in paragraph 3, above, I will not practice landscape architecture (as defined in Wis. Stats. s. 443.01(3r)) in the State of Wisconsin, whether for compensation or for no compensation.
c. If at any time during the biennial period noted in paragraph 3, I choose to resume practicing as a landscape architect in Wisconsin, the waiver will become null and void and I must first comply with the continuing education requirements set forth in Wis. Admin. Code ch. A-E 11 for the prior biennium and submit proof of compliance to the Department so that my licensure status can be noted accordingly.

5. That by signing this Affidavit, I acknowledge and agree that if I practice landscape architecture in the State of Wisconsin during the biennial period noted in paragraph 3 without first complying with the continuing education requirements, such practice shall be considered conduct imperiling the safety, health and welfare of the public and can serve as the basis for **immediate suspension** of my credential, and may further subject me to additional discipline, including revocation of registration pursuant to Wis. Stat. s. 443.11 and penalties pursuant to Wis. Stat. s. 443.18

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Name of Affiant

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County, State of \_\_\_\_\_

My commission: \_\_\_\_\_

-----**FOR DEPARTMENT USE ONLY**-----

Approved by: \_\_\_\_\_  
Member of the board or authorized designee

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