



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects**

LANDSCAPE ARCHITECT - VERIFICATION OF EXAMINATION & LICENSURE FORM

➤ Please note that this form is for applicants who have examinations, designations, or licenses *outside of Virginia*. If you need **license information** verified and sent to another state, use the *Certification Request Form*.

Name of board providing verification:

Complete Section I, II & III for the applicant referenced below.

APPLICANT INFORMATION	Applicant's Name										
	Last	First	Middle	Generation							
	Provide one of the following identification numbers:										
	<input type="checkbox"/> Social Security Number or		<input type="checkbox"/> Virginia DMV Control Number								
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Applicant's Street Address _____											
City		State	Zip Code								

I. EXAMINATION

The written examination was prepared by:

- CLARB
 Board

Please explain any CLARB or Board grade adjustments

➤ Provide dates of examination and final scores on page 2 of this form.

II. LICENSURE, CERTIFICATION, or REGISTRATION

The above-named applicant holds the following license, certification or registration:

License Number	Date Issued	Expiration Date

The applicant qualified for licensure, certification or registration through:

- Written Examination
 Comity or Reciprocity: State: _____
 Other: *Explain* _____

Has the applicant been subject to any disciplinary action?

- Yes If yes, attach documentation of findings, sanctions, etc.
 No

III. VERIFIER

Verifier's Name _____ Verifier's Title _____

Signature _____ Date _____

Apply Board seal here.

REPORT OF WRITTEN EXAMINATION

Applicant's Name _____

LANDSCAPE ARCHITECT REGISTRATION EXAMINATION (LARE)								
Current LARE	Grade	Date Passed	97-98 LARE	GRADE	Date Passed	92-96 LARE	Grade	Date Passed
Section A			Section 1			Section 1		
Section B			Section 2			Section 2		
Section C			Section 3			Section 3		
Section D			Section 4			Section 4		
Section E			Section 5			Section 5		

UNIFORM NATIONAL EXAMINATION (UNE)											
88-91 UNE	Grade	Date Passed	86-87 UNE	Grade	Date Passed	76-85 UNE	Grade	Date Passed	69-75 UNE	Grade	Date Passed
Section 1			Section 1			Section B			Section D		
Section 2			Section 2			Section C			Section G		
Section 3			Section 3						Section E		
Section 3			Section 3			Section C			Section F1		
									Section F2		
									Section G		
Section 4			Section 4			Section D			Section E		
Section 5			Section 4			Section D			Section E		

STATE-ADMINISTERED EXAM SCORES			
EXAM TITLE	MINIMUM PASS GRADE	CANDIDATE'S SCORE	DATE PASSED

By: _____

Date: _____

Title: _____

State: _____