

MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS

301 South Park - Delivery
PO BOX 200513
Helena MT 59620-0513
PHONE (406) 841-2017 FAX (406) 841-2309
E-MAIL: dlibsdlar@mt.gov
WEBSITE: www.landscapearchitect.mt.gov

1. REQUEST FOR EXAM APPROVAL FEE: \$50.00

2. EXAMINATION INFORMATION:

The Board has established no education or experiential prerequisites to examination, but applicants for licensure must meet the requirements of ARM 24.114.1402 prior to licensure.

- ◆ Candidates who do not meet the testing eligibility requirements set by CLARB may submit the attached form requesting board approval to sit for the exam.
- ◆ All candidates must sit for the landscape architect registration examination to be held at such time and place as the testing entity may designate and can be found at www.clarb.com
- ◆ The landscape architect registration examination consists of five separate sections, three multiple choice and two graphic sections. Fees and testing dates are set by the CLARB.
- ◆ CLARB shall notify candidates in writing of the results of the examination. Candidates that fail the examination and wish to review their exam must contact CLARB directly.

3. GENERAL INFORMATION:

Applicants may contact the Council of Landscape Architectural Registration Boards (CLARB) for any information required above at 571-432-0332 or their website at www.clarb.org

4. PROCESSING PROCEDURES:

- When the application file is complete, it will be processed and considered by Board staff for exam approval. The applicant may be notified if additional information is required or if applicant is required to appear before the Board for an interview.
- If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.
- A routine application may take up to 30 days to process once it is complete.
- The applicant will be notified in writing of any deficient or missing items from the application file.

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Landscape Architect Exam Approval Request Application

Complete routine applications will be processed within 30 days

Fee: \$50.00

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS Business Home

7. E-MAIL _____

8. TELEPHONE (____) _____ (____) _____ (____) _____
Business Home Fax

9. SOCIAL SECURITY NUMBER _____ FOREIGN ID _____

10. DATE OF BIRTH _____

11. FEMALE MALE

I hereby declare the information included on this document to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions for examination and licensure. I accept the rules and procedures outlined in these documents as the basis for my request to be approved to sit for the LARE examinations.

Signature

Date