



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF LANDSCAPE ARCHITECTURE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LANDSCAPE ARCHITECTURE CERTIFICATE OF AUTHORIZATION

Instructions

A landscape architecture corporation/partnership must apply for a Delaware Certificate of Authorization when the business provides, or offers to provide, landscape architecture services in Delaware. To apply,

- Submit completed, signed and notarized [application](#) form.
- Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for each designated professional-in-charge to sign and seal an *Acknowledgment of Professional in Charge*.

TYPE OF APPLICATION

1. Check one:

- This is an *initial* application for a landscape architecture business.
- This is a new application for an existing, licensed landscape architecture business due to change of ownership. If approved, a new license number will be issued.
 - Name of business as it appears on the current license: _____
 - Professional license number from current license: SA- _____
- This is a re-application for a certificate of authorization that lapsed and is no longer renewable. If approved, a new license number will be issued.
 - Name of business as it appeared on the lapsed license: _____
 - Professional license number from lapsed license: SA- _____

CONTACT AND LOCATION INFORMATION

2. Business Name: _____

3. Address of **Physical Location** of Main Office: _____
Street (no PO Box)

_____ City State Zip

4. Phone: _____ Fax: _____ Email: _____

5. **Mailing Address** of Main Office (if different): _____

_____ City State Zip

6. If the address you entered in Question 2 is not in Delaware, does business have Delaware locations? Yes No
 If yes, enter the following information about each Delaware location:

_____	_____	<u>DE</u>	_____
Street	City		Zip
_____	_____	<u>DE</u>	_____
Street	City		Zip
_____	_____	<u>DE</u>	_____
Street	City		Zip

7. Federal EIN: _____

OWNERSHIP INFORMATION

8. The owner of this business is a (check one): Corporation Partnership

9. Enter state where incorporated or registered: _____

10. Enter the following information about all corporate officers, board members, principals, and partners.

NAME	POSITION	ADDRESS

You may attach a list instead of completing the table. The list must include the same information.

DISCLOSURES

11. Do all personnel of this business who practice landscape architecture in Delaware hold a current Delaware Landscape Architect license? Yes No **If no, attach an explanation.**

PROFESSIONAL IN CHARGE INFORMATION

12. List name(s) of any person who is in responsible charge of the practice of landscape architecture in Delaware on behalf of this partnership or corporation:

_____	_____
_____	_____
_____	_____

Arrange for each person listed above to sign and seal an *Acknowledgment of Professional in Charge* on the next page.

If more space is needed, you may copy this page.

ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE

I, _____, acknowledge that I have been designated as a person in responsible charge of and/or for direct supervision of landscape architecture services offered or provided in Delaware by the corporation or partnership named above. I understand that the Board must be notified within 30 days if I am no longer associated with or acting in this capacity for this corporation or partnership.

Signature: _____

AFFIX SEAL

Delaware Landscape Architect License No: **SA-**_____

ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE

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Delaware Landscape Architect License No: **SA-**_____

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Signature: _____

AFFIX SEAL

Delaware Landscape Architect License No: **SA-**_____

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 12-16 weeks to receive your license.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for a Certificate of Authorization pursuant to 24 Del.C. §212 on behalf of the corporation or partnership indicated below, that he/she has read and reviewed the information provided in this *Application for Landscape Architecture for Certificate of Authorization* and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

The undersigned further affirms that any change in ownership of the corporation or partnership requires prompt submission of a new application and that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change.

Name of Corp/LLC/Partnership: _____

By Printed Name: _____ Title: _____

Signature: _____ Date: _____

State of _____ County of _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.

Signature of Notary Public: _____

My Commission expires: _____

SEAL

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.