

MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS

301 South Park - Delivery

PO BOX 200513

Helena MT 59620-0513

PHONE (406) 444-5711

E-MAIL: dlibsdlar@mt.gov

WEBSITE: www.landscapearchitect.mt.gov

1. REQUEST FOR EXAM APPROVAL FEE: \$50.00

This application is required to site for the Landscape Architect Registration Examination (LARE) only if you do not meet the testing eligibility requirements established by [CLARB](#). DO NOT complete this application if you qualify for examination by meeting CLARB requirements.

2. EXAMINATION INFORMATION:

The Board has not established any education or experiential prerequisites to sit for the LARE, but you must meet the education and experience requirements of ARM [24.114.1402](#) prior to licensure.

- ◆ All examination candidates must schedule and sit for the LARE through [CLARB](#).
- ◆ Examination fees are set by the CLARB.

Once you pass the LARE, you must meet all education and experience requirements to be eligible for a Montana Landscape Architect license.

3. PROCESSING PROCEDURES:

- A routine application may take up to 30 days to process once it is complete.

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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 this information 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. I understand I must meet all requirements for licensure as established by the Board.

Signature

Date