



**Do not write in this space**

Fee Recd & Ck No.	_____
Accepted/Rejected:	_____
Certificate # Issued:	_____
Date Issued:	_____

# North Carolina Board of Landscape Architects

Post Office Box 41225 • Raleigh, NC 27629-1225 • Telephone 919-850-9088 • Fax 919-872-1598  
Email rmuption@bellsouth.net

## Application For Organization Certificate of Registration

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

To the North Carolina Board of Landscape Architects:

Application is hereby made for Organization Certificate of Registration as a Landscape Architectural Organization. In the case of Corporations, this application is made under the provisions of Chapter 55B "The Professional Corporation Act" of the General Statutes of North Carolina.

1. Name of Applicant Organization: \_\_\_\_\_

2. Business Address: \_\_\_\_\_

Business City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

3. Present Title Used by Firm: \_\_\_\_\_

(if different from Corporate title applied for):

4. Services offered, or to be offered by the Corporation:

- Landscape Architecture
- Engineering & Land Surveying
- Architecture
- Other (specify) \_\_\_\_\_

### 5. The Incorporators, in the case of corporations are\*:

Name:	Profession:	NC Reg #
Address:	City:	State: Zip:
Name:	Profession:	NC Reg #
Address:	City:	State: Zip:
Name:	Profession:	NC Reg #
Address:	City:	State: Zip:

\* Attach a supplemental sheet if more space is required:

### 6. The Officers of the Applicant Organization are\*:

President:	Profession:	NC Reg #
Address:	City:	State: Zip:
Vice President:	Profession:	NC Reg #
Address:	City:	State: Zip:
Secretary:	Profession:	NC Reg #
Address:	City:	State: Zip:
Treasurer:	Profession:	NC Reg #
Address:	City:	State: Zip:

\* Attach a supplemental sheet if more space is required:

**7. The Shareholders of the Applicant Corporation / Firm are\*:**

Name:	Profession:	NC Reg #
Address:	City:	State: Zip:
Name:	Profession:	NC Reg #
Address:	City:	State: Zip:
Name:	Profession:	NC Reg #
Address:	City:	State: Zip:
Name:	Profession:	NC Reg #
Address:	City:	State: Zip:

\* Attach a supplemental sheet if more space is required:

**8. Submit the following with this application:**

- a. In the case of corporations, one copy of the Articles of Incorporation which shall be in conformance with the requirements of Chapter 55B of the General Statutes of North Carolina.
- b. Application fee in the amount of One Hundred Dollars (\$100.00), which shall be made payable to "North Carolina Board of Landscape Architects (NCBLA)."

**9. Foreign Corporation:**

In addition to information required in 1, 2, 3, and 4 for domestic corporation, please submit:

- a. Corporate Practice Certificate or other evidence of Corporate Registration with the licensing board of the State of Incorporation.
- b. If applicant does not hold such a Certificate, does the State have a licensing act for Landscape Architects?  
 Yes      No
- c. If so, is it as practice act?     Yes     No            A title act only? \_\_\_\_\_  
Does it recognize the corporate practice of landscape architecture?     Yes     No
- d. If so, are Corporate Certificates required? \_\_\_\_\_ Optional? \_\_\_\_\_ Not Issued? \_\_\_\_\_

Note: At least one incorporator or officer must be licensed in North Carolina.

**10. References:**

Please give name, title and address of at least three registered Landscape Architects or Landscape Architectural Organization or public officials who are familiar with the applicant corporation or its officers and licensees.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Affadavit and Notarization:**

The undersigned certifies that he is an officer of the above named organization, namely its \_\_\_\_\_ ; that this application is duly authorized, and that the statements made in said application are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

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

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

Seal