

NORTH CAROLINA BOARD OF LANDSCAPE ARCHITECTS

P.O. Box 41225 • Raleigh, NC 27629-1225 • www.ncbola.org Phone: (919) 850-9088 • Email: contact@ncbola.org

Application for Reinstatement

This application shall be completed in accordance with the requirements as established by NCGS 89A.

(NOTE: Board meets quarterly. Applications and supporting Application Fee \$100.00 documentation must be received 30 days prior to meeting.) Preferred mailing address:

Home ☐ Business Full name of Applicant Home Address Home City/State/Zip _____ Home Phone Cell Phone Employer Business Address Business City/State/Zip Business Phone Business Fax Email Address _____ Web Site _____ Date of License Expiration 6/30/ Do you have an active landscape architect license in another state? \bigsigma Yes \bigsigma No If your license expired more than five years ago, you are required to obtain updated references and employer verification forms. **References** (if applicable): Name Address **Updated Professional Experience** (if applicable):

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Company (Name & Location)

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Dates

Please provide an explanation of why you allowed your landscape architecture license to expire in North Carolina. You may also provide any additional information that you feel would be helpful to the Board as	
they consider reinstatement of your license. Attach additional pa	ages if necessary.
**Effective March 2015 in accordance with You will be required to complete the continuing education required per license year) for each year your license was lapsed. However required to become current exceeds 30, then upon application, the additional hours required. You will be required to report and prohours of Board approved CE when making application for reinstance.	irements (10 Board approved contact hours er, if the total number of contact hours he Board shall determine the number of evide proof of completion of at least ten
I hereby attest that all of the information contained in this appli	cation is true and accurate.
Signature	Date
Notary Public	
My Commission Expires	Seal

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