



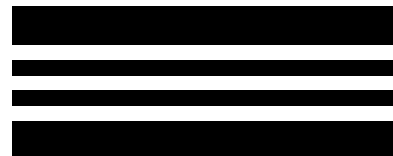
# Landscape Architect Renewal Application

Renew your Landscape Architect license.

Online: <https://professions.dol.wa.gov>

Or mail this completed form with a check or money order for the renewal fee (payable to the Department of Licensing) to:

**Washington State Board of Licensure for Landscape Architects  
Department of Licensing  
PO Box 35001  
Seattle WA 98124-3401**



For questions or language help call: (360) 664-1497

### Fees

\$590 if paid up to 30 days after the expiration date

\$787 if paid between 31 days and 2 years after the expiration date

If your license expired more than 2 years ago, call us at (360) 664-1497 to determine your renewal fee

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Applicant information

PRINT or TYPE Name (Last, First, Middle)		License number	
Mailing address			
City		State	ZIP code
10-digit phone number	Email		

### Legal background

Answer the following  
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you?  Yes  No

2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.)  Yes  No

### Professional development

Certification  
I have completed a total of 24 professional development hours within the last two years and I understand these hours are subject to audit.  Yes  No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

TYPE or PRINT Name

**X**

Date and place

Applicant signature

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**