



# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612  
(785) 296-3053 | www.ksbtp.ks.gov

## APPLICATION FOR LANDSCAPE ARCHITECT BY RECIPROCITY/COMITY

**INSTRUCTIONS:** Applicants should read all statutes, rules and regulations for specific details regarding licensure requirements. All statutes, rules & regulations are available on our website.

- **CLARB Council Record:** As per K.A.R. 66-10-4-(b)(3), beginning July 1, 2001, you are required to provide a CLARB council record. Please contact CLARB at [www.clarb.org](http://www.clarb.org).
- **Experience:** As per K.A.R. 66-10-4(b)(1)(B), any work experience performed after February 22, 1993 must be supervised by a licensed landscape architect, architect, or engineer.
- Application must be complete and received by KSBTP 30 days prior to the next scheduled meeting of the Board. See schedule of KSBTP Board Meetings on our website.
- **Certificate of Authorization:** You must obtain a Certificate of Authorization if you will be practicing or offering to practice through a business entity in Kansas in order to be in compliance with the law in this state. To review the statutes and rules governing Kansas licenses, Certificates of Authorization, plus important announcements and other related information, please see our website.

### A complete file will include the following:

- 1) **Completed Application Form (see pg. 2)** — Print completed form, sign and date, then send all information to KSBTP. Pending applications are kept on file for one year.
- 2) **Non-refundable Application Fee \$250.00** — Make check or money order payable to: *Kansas State Board of Technical Professions*
- 3) **CLARB Record transmitted by CLARB to KSBTP.**

**Application is not complete until your application and supporting documentation have been received in the Board office. Only complete applications will be submitted to the Board for evaluation. Applicant will be notified in writing of Board action.**

**MAIL COMPLETE APPLICATION FILE TO KSBTP AT ADDRESS LISTED ABOVE.  
Handwritten or incomplete forms will NOT be accepted.**

### COMITY/RECIPROCITY INFORMATION

Pursuant to K.S.A. 74-7024, the Kansas board will accept an applicant by comity or reciprocity provided the qualifications at the time the original license was issued would have met Kansas requirements if the application had been made in Kansas on that date.

### REQUIREMENTS FOR LANDSCAPE ARCHITECTS

If you were originally licensed:	Kansas Requirements
Prior to 1969	(a) None
1969-1992	(a) 4-year landscape architectural degree, 2 years experience, and CLARB examination; OR (b) 5-year landscape architectural degree, 1 year experience, and CLARB examination; OR (c) 7 years experience and CLARB examination
1993-1995 (March)	(a) 4-year landscape architectural degree, 4 years experience, and CLARB examination; OR (b) 5-year landscape architectural degree, 3 years experience, and CLARB examination
1995 (April)-present	(a) 4-year landscape architectural degree, 4 years experience, CLARB examination and CLARB council record; OR (b) 5-year landscape architectural degree, 3 years experience, CLARB examination and CLARB council record.

**Keep a copy of this application for your records.**



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## APPLICATION FOR LANDSCAPE ARCHITECT BY RECIPROCITY/COMITY

### 1. GENERAL INFORMATION:

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(First/Middle/Last)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender : \_\_\_\_\_

CLARB #: \_\_\_\_\_ Preferred Mailing: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

### 2. CERTIFICATE OF AUTHORIZATION REQUIREMENT FOR BUSINESS ENTITY:

Will you be practicing, contracting or offering to practice a technical profession through a business entity in Kansas once approved for licensure? Yes No

If **YES**, once the Responsible Principal has been issued an individual Kansas license, submit a complete application for a KSBTP *Certificate of Authorization for a Business Entity* available on our website. In accordance with K.S.A. 74-7036, a business entity practicing or offering to practice a technical profession in Kansas must obtain a Certificate of Authorization.

If the business entity has a KSBTP Certificate of Authorization, please complete the following information:

Business Entity Name: \_\_\_\_\_ Certificate of Authorization #: \_\_\_\_\_

### 3. SIGNATURE:

Have you ever been convicted of a felony, or had any disciplinary or administrative action taken against your license in another jurisdiction? Yes No | Felony Disciplinary Admin Action

If **YES**, please attach a letter of explanation & supporting documentation.

**I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date