

# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

[www.ksbtp.ks.gov](http://www.ksbtp.ks.gov) 785-296-3053 900 SW Jackson St, Suite 507, Topeka, KS 66612-1257

## DETAILED INSTRUCTIONS FOR ONLINE RENEWALS FOR BUSINESS ENTITIES



Menu	License Renewal Application
<input type="checkbox"/> <b>DEMOGRAPHICS*</b>	To submit your License Renewal you must complete each step listed in the Menu on the left side of the screen.
<input type="checkbox"/> <b>LICENSE ADDRESS*</b>	
<input type="checkbox"/> Finish	
License Home Page	
Logout	

Click start to begin the renewal process and payment section.

[Start](#)

When you click Start you will be given the option to update the “Demographics” or registered location information. You may choose “Edit” to change or add additional information to this screen or click “Complete” if you do not need to make any changes.

Menu
<input type="checkbox"/> DEMOGRAPHICS*
<input type="checkbox"/> LICENSE ADDRESS*
<input type="checkbox"/> Finish
License Home Page
Logout

### Facility Address Information

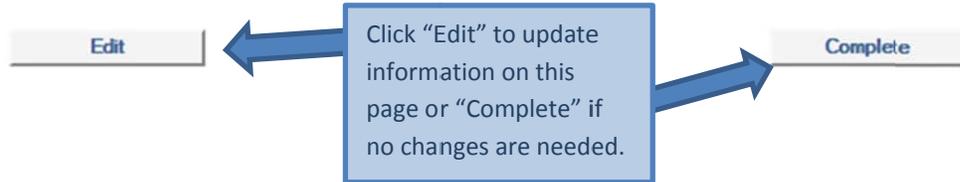
This page displays the address associated with the facility record. Press the **Edit** button to edit this address. If no changes are necessary, press the **Complete** button to mark this step complete.

Full Name: Test Facility Landscape Architecture

Line 1: 1 Porcupine Passage  
Lancaster, KS 66041

Phone:

Email:



By choosing “Edit” you will be taken to a screen where you can review the Business Entity Name and the name of the Responsible Principal on record. Changes to this information *cannot* be made during the renewal process, please see our website for instructions on these processes and the required forms, <http://www.ksbtp.ks.gov/professions/business-entities>.

Please update any information under the Address section as needed.



# Kansas State Board of Technical Professions



- Menu
- Demographics
- LICENSE ADDRESS\*
- Finish
- License Home Page
- Logout

## Facility Address Information

Please make any necessary address changes below, and click the **Update** button.

**Note:** Contact your licensing board to update your Business Name or the Owner / Manager or Responsible Principal name.

For review only, *cannot* be changed online.

### Name

Business / Facility Name: Test Facility Landscape Architecture  
Owner / Manager or Responsible- Principal: Jane Test Doe

### Address

Make any needed changes under the Address section.

Country: United States  
Line 1: 1 Porcupine Passage  
Line 2:  
City: Lancaster  
State: KS  
ZipCode: 66041  
Phone:  
Fax:  
Email:

Click Update.

Clicking "Update" will take you to the License Address Information summary page. This page contains your work information. You can choose to "Edit" this information, or if there is no change, you can click "Complete."



Menu	
<input checked="" type="checkbox"/>	DEMOGRAPHICS*
<input type="checkbox"/>	License Address
<input type="checkbox"/>	Finish
License Home Page	
Logout	

### License Address Information

This is the address currently associated with your license. It can be the same as your facility record address, or it can be your business address (e.g. workplace site). Press the **Edit** button to edit this address. If no changes are necessary, press the **Complete** button to mark this step complete.

Line 1: 1 Turtle Turnpike  
Lancaster, KS 66041

Phone:

Email:

[Edit](#)

Click "Edit" to make updates or click "Complete" to continue with no changes.

[Complete](#)

If you click "Edit" you will see the following screen. For most Businesses this information will be the same as that shown on the "Demographics" screen. However if you would like to add a Mailing address that is different from the address of record please do so on this page.



# Kansas State Board of Technical Professions



- DEMOGRAPHICS\*
- LICENSE ADDRESS\*
- Finish
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## Update License Address

Update the information in the form below and press the **Update** button to save the changes.

### Address

Country:  Phone:   
ex. 3015551212

Line 1:  Fax:   
ex. 123 Fourth St. ex. 3015551212

Line 2:  Email:   
ex. Apt. 100 ex. username@domain.com

City:  Foreign Addresses:  
Enter city, region, postal code

State:

ZipCode:   
ex. 02705 or 027051234



On the Mailing Address screen, seen on the next page, please select where you would like your official mail from the Board office to be sent. Click the button next to the preferred address and you will see it turn green.

- | Menu                                |                  |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | DEMOGRAPHICS*    |
| <input checked="" type="checkbox"/> | LICENSE ADDRESS* |
| <input type="checkbox"/>            | Finish           |
| License Home Page                   |                  |
| Logout                              |                  |

### Mailing Address

Select your preferred mailing address. The mailing address is where the Board will send all official license information. You are required by law to keep this information current.

- Licensee Address:  
1 Porcupine Passage  
Lancaster, KS 66041
- License Address:  
1 Kansas Ave  
Lancaster, KS 66041

← Once your selection has been made, click "Save."

You will be taken to a Renewal Summary page where you can review your changes and are given the option to return to any of the renewal pages to make needed corrections. If you do need to make changes at this time, this can be done by clicking back through the Menu bar to corresponding page.

- | Menu                                |                  |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | DEMOGRAPHICS*    |
| <input checked="" type="checkbox"/> | LICENSE ADDRESS* |
| <input type="checkbox"/>            | Finish           |
| License Home Page                   |                  |
| Logout                              |                  |

Menu	Renewal Summary
<input checked="" type="checkbox"/> <b>DEMOGRAPHICS*</b>	The changes you have made are listed below. Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link in the Menu on the left.
<input checked="" type="checkbox"/> <b>LICENSE ADDRESS*</b>	
<input type="checkbox"/> <b>Finish</b>	
License Home Page	When you have verified all information, click the <b>Checkout</b> button to pay all applicable fees and submit your application.
Logout	

### Licenses

Landscape Architect Facility				
Profession:	BOTP-Landscape Architect	License Number:	██████████	License Status: Renewal Pending
Issued:	9/24/2014	Expiration Date:	12/31/2015	Renewed To:

### Address Changes

Name: Test Facility Landscape Architecture

<input checked="" type="radio"/> Licensee Address:	1 Porcupine Passage Lancaster, KS 66041
<input type="radio"/> License Address:	1 Kansas Ave Lancaster, KS 66041

### Attestation

By clicking the **Checkout** button I hereby certify that I have personally submitted all data requested in the renewal form. I declare, under penalty of perjury, that I have read the renewal form and my responses, and that the information I have provided is true, correct, and complete, to the best of my knowledge. I understand that Kansas statutes allow the Kansas State Board of Technical Professions to revoke, suspend or limit a license, or censure the licensee, or impose a fine for any act of fraud or misrepresentation in applying for renewal of my license.

If the above information is correct, please click the **Checkout** button. Otherwise please go back and make any necessary corrections.



The following pages will begin the payment screens for the renewal. On the page below you will review the renewal fee and select your payment option. The fee for using a credit card is 2.5% of the Renewal Fee and the fee for using an electronic check will be \$1.25.



### Application Fees

License Type: Landscape Architect Facility

License Number	Description	Fee Amount
[REDACTED]	Renewal Fee	\$85.00

### Fee Totals

Total Amount: \$85.00

### Payment Type Selection

The accepted payment method is electronic check or credit/debit card (VISA, MasterCard, Discover or American Express.) KanPay (payment portal) will add a small fee for processing your online payment. The fee rate is 2.5% of the total charge for credit card transactions and \$1.25 for electronic check (ach) transactions. The processing fee will show on your Payment Result page after the charge transaction is completed, but it does not get sent to the Board.

Upon completion you will receive a confirmation screen. If you do not receive a confirmation screen, it is possible the online submission did not complete successfully. Please call us at 1-800-452-6727 for assistance.

Select the box next to the payment type you prefer.

Pay By Checking Account  Pay by Credit Card

Once you have chosen a payment type, click "Pay Online."

Pay Online

When you click "Pay Online" you will be routed to the KanPay Payment Portal. They will securely collect your payment information.

## Payment Information for Kansas State Board of Technical Professions Renewal Application

\* Indicates a required field.

### Name and Address

\* Name:   
(as shown on bank account)

\* Address:

Secondary Address:

\* City:

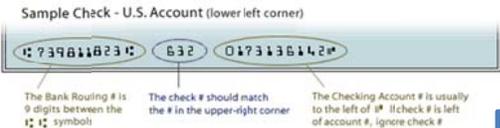
\* State/Province: Choose One

\* Zip Code:   
(i.e. 00000-0000)

You will provide your billing information. This does not have to be the same information provided during the renewal process.

\* Country: United States

### Account Information



**Note:** These three sets of numbers may appear in a different order on your check.

\* Routing Number:

\* Verify Routing Number:

\* Account Number:

\* Verify Account Number:

\* Account Type: Checking

This is the screen you will see if you select "electronic check." You will provide the account information here. If you choose the credit card option you will be required to provide the credit card number, credit card type and expiration date.

### Contact Information

\* Phone Number:   
(i.e. 000-000-0000)

\* E-mail Address:

Provide a phone number where you can be reached by KanPay if there is an issue with the transaction.

Provide the email address where you would like your electronic receipt of payment to be sent. \*\*You will need to print and retain this receipt as proof of payment should there be any concern about the payment processing correctly. \*\*

When you have completed the necessary fields, click "Continue."

After you click continue you will see a payment confirmation page where you can make changes if needed or select "I Agree/Submit Payment."

Once you click "Submit Payment" you will briefly see a screen indicating that your transaction is being processed. Do not click anything at this time, it may take several seconds to process, but you will automatically be directed back to the renewal website. There you will see a screen indicating "Renewal Application Submitted." This screen will show the Name and License Number of your Business Entity and the date your renewal was submitted, it will also list your payment information.

\*\*\*You will need to print this "Renewal Application Submitted" page for your records as proof of your renewal.\*\*\*

If you need proof of your current license status at anytime please see our website for a LICENSURE SEARCH.