

Landscape Architect Retired/Inactive Status Application



Change your landscape architect licensure to retired or inactive status.

Scan and email this completed form to: landscape@dol.wa.gov

Or mail to:

Board of Licensure for Landscape Architects Department of Licensing PO Box 9012 Olympia, WA 98507-9012



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

I would like to change my statu ☐ Retired	s to:		
☐ Inactive (additional requiremen	ts may apply if you remain inactiv	e for more than f	ive years)
Name (Last, First, Middle initial)			Date of birth
Mailing address			
City		State	ZIP code
License number		Effective date of retirement/inactivity	
(Area code) Phone number	Email address		
	e have retired or inactivated your of until your license has been rein		
I declare under penalty of perjury	under the law of Washington tha	at the foregoing is	s true and correct.
	TYPE or PRINT Name		
Date and place	Applicant signature		