



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: 360-664-1837

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 360-664-1837 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
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I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X

Applicant signature

Date and place

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