

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Commercial Services  
 Licensing Division  
 LANDSCAPE ARCHITECTS LICENSING  
 P.O. Box 30018 Lansing, MI 48909  
 (517) 241-8720  
[www.michigan.gov/landscapearchitects](http://www.michigan.gov/landscapearchitects)

## APPLICATION FOR LANDSCAPE ARCHITECT RELICENSURE

AUTHORITY: P.A. 299 of 1980, as amended.

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application.

Name (First, Middle, Last)		Permanent I.D. Number	Date Expired
Street Address		License Type (Individual, Corp., etc.)	Profession
City	State	Zip Code	E-mail address

### PLEASE COMPLETE INFORMATION BELOW

It has been more than 60 days since your license or registration has lapsed. Pursuant to Section 411 of 1980, P.A. 299, as amended, you are now required to apply for relicensure or reregistration. Persons applying 3 years or more after the expiration date may need to meet other requirements, as established by rules or procedures. Please contact the individual board office, if you have not already done so.

Daytime Telephone Number	Date of Birth	Social Security of Federal I.D.
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Have you been convicted of a felony?

Yes - If yes, please download the form BCS/LCE-020 "Request for Conviction History of Applicant." The form can be downloaded and completed to accompany this application. See [www.michigan.gov/landscapearchitects](http://www.michigan.gov/landscapearchitects) under applicant information. If form is not included the Department may contact you at a later date.  No

Have you had disciplinary action taken against any occupational license, registration or permit now held or has ever been held? (suspension, revocation, denial, etc.)

Yes - If yes, please download the form BCS/LCE-021 "Request for Disciplinary Action Information." The form can be downloaded and completed to accompany this application. See [www.michigan.gov/landscapearchitects](http://www.michigan.gov/landscapearchitects) under applicant information. If form is not included the Department may contact you at a later date.  No

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

### FEE PAYMENT INFORMATION - PLEASE CHECK ONE

### FOR OFFICE USE ONLY - VALIDATION

**Between April 3 of an ODD year through April 2 of an EVEN year:**

Landscape Architect License Fee: \$ 280.00 3901-06

**Between April 3 of an EVEN year through April 2 of an ODD year:**

Landscape Architect License Fee: \$ 340.00 3901-06

Make your check or money order in U.S. Currency payable to:

**STATE OF MICHIGAN**

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.