Landscape Architect Form 4

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

REPORT OF PROFESSIONAL EXPERIENCE

APPLICANT INSTRUCTIONS

1. Enter your name exactly as it appears on your Application for Licensure (Form 1).
2. In item 5, provide a chronological list of your professional practice with the name and practice address of the licensed landscape architect(s) who will attest to your practice. Be sure to sign and date item 6.
3. Complete Section I of a corresponding Form 4A and send it to each licensed landscape architect listed in item 5.

1 **Social Security Number** ☐☐☐ ☐☐ ☐☐☐☐

(Leave this blank if you do not have a U.S. Social Security Number)

2 **Birth Date** ☐☐ ☐☐ ☐☐

Month Day Year

3 **Print Your Full Name Exactly As It Appears On Your Application for Licensure (Form 1)**

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4 **Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip Code ☐☐☐☐☐ ☐☐☐☐

Country/ Province ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 **Professional Practice** (Attach additional sheets if necessary)

Exact dates (mo./day/yr.)	Type of practice including name and address of licensed landscape architect (attach additional sheets if necessary).
From ____ / ____ / ____ To ____ / ____ / ____	
From ____ / ____ / ____ To ____ / ____ / ____	
From ____ / ____ / ____ To ____ / ____ / ____	

6 I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant's Signature _____ Date _____