

Landscape Architect Form 5

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

Department Use Only

Application for Limited Permit for Non-Resident Landscape Architect

APPLICANT INSTRUCTIONS

You may apply for a limited permit to practice landscape architecture in New York State for a specific project if you are a licensed landscape architect in another jurisdiction but are not a resident and do not have an established business in New York State. To apply for the limited permit you must submit or have submitted on your behalf, the following:

- Application for Limited Permit for Non-Resident Landscape Architect with a limited permit and three-year registration fee of \$249;
 - Letters of reference from three licensed landscape architects substantiating your lawful practice of landscape architecture;
 - A specific description of the project you will be working on in New York State that includes:
 - a) scope of the project;
 - b) approximate size;
 - c) location-including address (street and number, lot number or other definite location information); and
 - d) name and address of client.
- Verification of Other Licensure/Certification (Form 3) that shows the date you were licensed, basis for licensure, license number and the current status of your license.

1 04 \$249 SP

Permit number

Date issued

Date expires

Initials

6 Telephone/E-Mail Address

Daytime Phone

Area Code Phone Number

E-Mail Address (Please print clearly)

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

3 Birth Date Month Day Year

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

Last First Middle

5 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

7 I have requested letters of reference from the following three licensed landscape architects to substantiate my lawful practice of landscape architecture.

1. Name: _____
Jurisdiction where licensed: _____ License number: _____
2. Name: _____
Jurisdiction where licensed: _____ License number: _____
3. Name: _____
Jurisdiction where licensed: _____ License number: _____

Have these letters sent to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Landscape Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Description of Project

1. Scope (attach additional sheets if necessary):

2. Size:

3. Location:

Number & Street

City

Zip Code

4. Name and address of client:

Name: _____

Address: _____

9

CITIZENSHIP/IMMIGRATION STATUS

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner’s regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

10

CHILD SUPPORT OBLIGATION:

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

- A I am **not** under an obligation to pay child support;
- OR
- B I am under an obligation to pay child support *and* (please check only one of the following)
 - I am current and **am not** four months or more in arrears in the payment of child support; or,
 - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
 - The child support obligation is the subject of a pending court proceeding; or,
 - I am receiving public assistance or supplemental security income; or,
 - None of the above four statements apply.

*New York State General Obligations Law, section 3-503

11 GENDER AND ETHNICITY: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

GENDER: Male Female

ETHNICITY: White (not Hispanic)
 Black (not Hispanic)
 Asian
 Hispanic
 Native American

12 EDUCATION REVIEW

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes No Please initial: _____

13 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

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.

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.