

# Wyoming State Board of Architects and Landscape Architects

2001 Capitol Ave, Room 127  
Cheyenne, WY 82002

## Landscape Architect by Reissuance

Per Chapter 7 of the Rules and Regulations, “Any license allowed to expire may be reissued by the Board within three (3) years of the date expired.” If your license expired more than three (3) years ago, you may not apply for reissuance. Please ensure you have included the following from the below checklist.

### CHECKLIST

---

#### **Legibly Completed Application Form with Original Signature**

*Mail this form back to the address above.*

---

#### **\$375 Application Fee**

*Make your check, cashier's check, or money order payable to the State of Wyoming. All fees are non-refundable.*

---

#### **Continuing Education**

*The Board requires the completion of twenty-four (24) hours Continuing Education Hours in Health, Safety, and Welfare topics within the twenty-four (24) months immediately preceding the date that the complete application for reissuance is received by the Board.*

Board Staff processes applications in the order of receipt. You will receive an email once received and processed (please note, current processing times are posted on the board's website.) This email will also notify you if your submission is incomplete. Once your file is complete, Board Staff WILL check with CLARB to see if another licensing jurisdiction has reported any actions against you. That information will be provided with your application materials to an Application Review Committee for consideration. Failure to disclose any actions may result in disciplinary action.

Review generally takes 1-3 weeks - this is an average and not a guarantee. Following approval, you will receive an email with your license information and your license materials will be mailed to the preferred mailing address you provide on the application form.

**Please note, the Board office will only communicate with you, the applicant, regarding the status of any application.**

# Wyoming State Board of Architects and Landscape Architects

2001 Capitol Ave, Room 127  
Cheyenne, WY 82002

## Landscape Architect by Reissuance Application - \$375 Application Fee

### 1. Legal Name & Personal Information

<i>Last Name</i>		<i>First Name</i>	<i>Middle Initial</i>
<i>Previous Names Used</i>	<i>Social Security Number</i>		<i>Date of Birth</i>
Are you a military service member as defined in W.S. 33-1-116(a)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### 2. Contact Information

<i>Residence Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Name</i>		
<i>Business Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home/Cell Phone</i>	<i>Business Phone</i>	

### 3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

<i>Email:</i>	<i>Mail Preference</i> <input type="checkbox"/> Home <input type="checkbox"/> Business
---------------	---

#### 4. Continuing Education

You must demonstrate completion of 24 hours of HSW CEH earned in the preceding two (2) years. Please either (indicate which):

- ☐ Attach CE certificates and list each course in the log below: or
- ☐ Attach your ASLA LACES transcript. Completing the log below is not required in this case.

#	Course Date(s)	Course Title / Description	Sponsor	Indicate: Participant=P Instructor=I Author=A	HSW CEH Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
TOTAL HSW CEH:					

## 5. Practice History

If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.

A. Have you ever, or are you now, providing any of the services regulated by W.S. 33-4-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-4-117?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed a fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? <i>If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Have you ever affixed, or permitted to be affixed, your seal upon a document that was not prepared under your responsible control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Have you practiced landscape architecture, or used the title landscape architect, in Wyoming after the expiration of your license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. Signature

I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Wyoming State Board of Architects and Landscape Architects, and W.S. § 33-4-101 through 117. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	Date
-----------	------