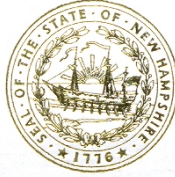


JOINT BOARD OF LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE

57 Regional Drive
Concord, N.H. 03301-8518

LOUISE LAVERTU
EXECUTIVE DIRECTOR

Telephone 603-271-2219
Fax 271-7928 • 271-6990



PROFESSIONAL ENGINEERS
ARCHITECTS
LAND SURVEYORS
FORESTERS
PROFESSIONAL GEOLOGISTS
NATURAL SCIENTISTS
LANDSCAPE ARCHITECTS
COURT REPORTERS
HOME INSPECTORS

BOARD OF LICENSURE FOR LANDSCAPE ARCHITECTS
LICENSE RENEWAL NOTIFICATION

Our records indicate that your license expires **November 30, 2009**; therefore your renewal is now due.

The renewal fee is **\$150.00** for the following two years and is payable on or before **November 30, 2009**. Checks should be made payable to: **TREASURER, STATE OF N.H.** If you do not wish to renew your license, please check the space provided, so that we may update our records. The Board shall charge a late fee of **\$30.00** for each month or fraction of a month the renewal is late, up to 12 months, **in addition to the renewal fee**.

Amount enclosed \$ _____

Please fill out the license renewal form (printed or typewritten) and return to the Board office.

PLEASE CIRCLE MAILING ADDRESS

NAME _____ LICENSE # _____

HOME ADDRESS _____

_____ TEL # _____

FIRM NAME _____

ADDRESS _____

_____ TEL # _____

EMAIL ADDRESS _____

\$150.00 -Yes, I do wish to renew

No, I do not wish to renew.

Page 2
Landscape Architect Renewal Form

Concerning licensure/registration in other jurisdictions:
(Please check one)

1. I have been found by a court or licensing/registration Board to have violated the law in the conduct of my practice or through other conduct involving the wanton disregard of others. Yes No
2. Have you had any disciplinary action brought against you for services as a Landscape Architect? Yes No

If yes, include complete details and submit on additional sheet.

I attest to the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

SIGN HERE



Signature

Find us on-line at www.nh.gov/jtboard/home.htm

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type: _____ Amount Due: _____

Card Type: (please circle one) Visa Mastercard **(required)**

Card Number: _____ **(required)**

Expiration Date: Month: _____ Year: _____ **(required)**

Billing Name and Address (your billing address must match the address associated with the credit card you are using.)

Name on Card: _____

Billing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Authorization Signature: _____