



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of
Landscape Architectural Examiners**

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11419 • Columbia • SC 29211-1419

Phone: 803-896-4580 • Contact.LSA@llr.sc.gov • Fax: 803-704-6772

www.llr.sc.gov/land

Landscape Architect Reciprocity Verification Form

STATE PROVIDING VERIFICATION: _____

NAME OF APPLICANT: _____ LICENSE NUMBER: _____

DATE LICENSE ISSUED: _____ DATE LICENSE EXPIRES/EXPIRED: _____

CURRENT LICENSE STATUS: _____ METHOD OF LICENSURE: _____

Has this Applicant been subject to any Disciplinary Action or pending legal action that could affect his professional status in this state? No Yes (Please attach copy of Board order.)

Exam Scores (if licensed by examination)

Section:

Date Passed (Month/Year):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZED SIGNATURE:

BOARD SEAL

TITLE: _____

DATE: _____

Return completed form to:

SC Board of Landscape Architectural Examiners

Post Office Box 11419

Columbia, SC 29211-1419

FAX: (803) 896-9651

Email: Contact.LSA@llr.sc.gov

Note: This is not an application form. You will need to submit the Application for Landscape Architecture License and the appropriate application forms in order to complete a full application packet to our Board. Please visit our website for details on requirements and the application process.