



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of
Landscape Architectural Examiners**

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EMERITUS LANDSCAPE ARCHITECT APPLICATION

NAME: _____ LICENSE #: _____

CONTACT INFORMATION:

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

CERTIFICATION STATEMENT:

EMERITUS LANDSCAPE ARCHITECT. I hereby certify under penalty of perjury that I am 65 years old or older, have been licensed as a landscape architect for 10 consecutive years and am retired from active practice as a landscape architect. As an Emeritus Landscape Architect, I understand that I may not provide ANY landscape architectural services at all, nor may I act as expert witness on landscape architectural matters or consult with clients, attorneys, or others as a landscape architect.

Signature of Applicant

(Date)

Subscribed and sworn to before me this _____ day

of _____ 20_____

Notary Signature: _____

Notary Seal

Print Name: _____

Notary for the State of: _____

My Commission expires: _____