



# Nebraska State Board of Landscape Architects

PO Box 95165, Lincoln, NE 68509-5165  
215 Centennial Mall S Ste 400, Lincoln, NE 68508-1813  
Phone: 402-471-2407 Fax: 402-471-0787

## General Information

I am applying for: Licensure by Comity \_\_\_\_\_ Initial Licensure \_\_\_\_\_

\_\_\_\_\_  
*Full Legal Name (including middle name)*

\_\_\_\_\_  
*Last four digits of Social Security Number*

Preferred address for all official Board correspondence: Business \_\_\_\_ Residence \_\_\_\_

\_\_\_\_\_  
*Firm Name (if applicable)*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*Alternate Telephone*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Fax*

\_\_\_\_\_  
*Email Address*

## Affidavit

Have you been convicted of a felony in connection with your profession, or moral turpitude, under state law, federal law, or the law of another jurisdiction? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Has your license to practice your profession been revoked, suspended or canceled – or are you on probation in any jurisdiction in the United States? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If the answer to either of the above questions is "Yes", provide details on a separate sheet.

## United States Citizenship Attestation

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows:

\_\_\_\_\_ I am a citizen of the United States

-- OR --

\_\_\_\_\_ I am a qualified alien under the federal immigration and Nationality Act. My immigration status and alien number are as follows:

\_\_\_\_\_, and I have enclosed a copy of my USCIS documentation.

I hereby attest that my responses and the information provided on this form and any related application for public benefits are true, complete, and accurate. I understand the information provided regarding citizenship may be used to verify my lawful presence in the United States.

PRINT NAME \_\_\_\_\_  
(First, Middle, Last)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_