



Nebraska State Board of Landscape Architects

PO Box 95165, Lincoln, NE 68509-5165
215 Centennial Mall S Ste 400, Lincoln, NE 68508-1895
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Has your license to practice your profession been revoked, suspended or canceled – or are you on probation in any jurisdiction in the United States?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 _____