



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: 803-896-9651
www.llronline.com/POL/LandscapeArchitect/

APPLICATION FOR CERTIFICATE OF AUTHORIZATION (COA)

INSTRUCTIONS

Submit the following with your application to the above address:

- Check or money order only, in the amount of \$200 made payable to LLR – Landscape Architect Board. Fee is non-refundable. NO CASH IS ACCEPTED. A return check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- For Corporations, PC’s, LLC’s, or LLP’s, a copy of the applicant’s registration with the SC Secretary of State’s office. For additional information on filing with the SC Secretary of State, contact that office at (803) 734-2158 or at www.scsos.com/Business_Filings

BUSINESS INFORMATION:

Tax ID Number: _____
(Application cannot be processed without Tax ID Number)

Firm Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ FAX: _____

Email: _____

Responsible SC Landscape Architect: _____

Responsible SC Landscape Architect’s License Number: _____

State of Original Incorporation/Organization: _____ Date: _____

RESPONSIBLE LANDSCAPE ARCHITECT CERTIFICATION STATEMENT

I attest that I am a full time employee of this company in full authority and responsible charge of the firm’s landscape architectural services.

Signature of Responsible SC Landscape Architect

Print Name of Responsible SC Landscape Architect

SC License Number

Date

Staff Use Only: Check Number: _____ Check Date: _____ COA Number: _____

MISCELLANEOUS INFORMATION

Answer all questions below. You are required to include a written statement and copy of the appropriate Board order for disciplinary issues.

- 1. Has any state taken disciplinary action against your firm’s license or against the responsible SC Landscape Architect? Yes No

- 2. Has your firm or the responsible SC Landscape Architect surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? Yes No

- 3. Has your firm or the responsible SC Landscape Architect been found by a court or registration board to have violated the landscape architectural laws or the professional/occupational laws of any jurisdiction? (If yes, provide dates and details including results of any appeals, if not previously provided to this board.) Yes No

- 4. Has this organization offered landscape architectural services under any other business name? If yes please provide the information below. Yes No

Former Business Name: _____

Former Certificate of Authorization Number: _____

AFFIRMATION

The undersigned authorized representative of the applicant has carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and declares under penalties of perjury that all statements made herein are true and correct. Should any false or incomplete information be provided in this application, such act shall constitute the cause for denial or revocation of the firm’s Certificate of Authorization.

Print Representative Name: _____

Representative Signature: _____

Date: _____