



South Carolina Department of Labor, Licensing and Regulation  
South Carolina Board of  
Landscape Architectural Examiners



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[www.llronline.com/POL/LandscapeArchitect/](http://www.llronline.com/POL/LandscapeArchitect/)

**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) 896-4424  
Email: [Contact.LSA@llr.sc.gov](mailto:Contact.LSA@llr.sc.gov)