Landscape Architect Form 1											The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions							Department Use Only													
	Division of Professional Licensing Services www.op.nysed.gov																														
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directly question require	All applicants for licensure must complete this form and submit it with the appropriate licensure fee directly to the Office of the Professions at the address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. You must sign and date the Affidavit on this form in the presence of a Notary Public.											1	[<u>ا</u> د	04	<u> </u>	\$2	94	ER												
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7	CITIZENS	SHIP/IMMIGRATION STATUS							
	limited pe section of	aw and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and ermits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this fithis form and check the appropriate box below which indicates your citizenship/immigration status.							
	l am:								
	☐ A.	A United States citizen or National.							
	☐ B.	An alien lawfully admitted for permanent residence in the United States.							
	□ C.	An alien granted asylum under Section 208 of the Immigration and Nationality Act.							
	☐ D.	A refugee granted asylum under Section 207 of the Immigration and Nationality Act.							
	☐ E.	An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.							
	☐ F.	An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.							
	☐ G.	An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.							
	☐ H.	H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States:							
	□ I.	I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify:							
	☐ J.	I do not reside in the United States.							
	If you che Services	cked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration (USCIS): USCIS number:							
	DIRECTE	ONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE ED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT SCIS.GOV.							
8	Everyone filing, she have fail suspens	upport obligation: applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who ed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to ion of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written ts for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal							
		t complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.							
	Check or	nly A or B below. If you check B, you must check one of the five statements listed below it.							
	A 🗌	I am not under an obligation to pay child support;							
	OR								
	в	I am under an obligation to pay child support and (please check only one of the following)							
		I am current and am not four months or more in arrears in the payment of child support; or,							
	Г	I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,							
	_	The child support obligation is the subject of a pending court proceeding; or,							
		I am receiving public assistance or supplemental security income; or,							
		None of the above four statements apply.							
	*New Y	ork State General Obligations Law, section 3-503							

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19	GENDER AND ETHNICITY: (This item is optional.)									
	the licensed pr	rofessions	s. The ethnic a	nd gender data	you provide will	be used only for statist	and analyze data concerning diversity in tical, research, and program evaluation qualification for licensure.			
	GENDER:	<u></u> Ма	le	Female						
	ETHNICITY:	☐ Wh	nite (not Hispanio	:)						
		☐ Bla	ck (not Hispanic)						
		Asi	an							
		His	panic							
		☐ Na	tive American							
20	EDUCATION	REVIE	v							
	I give permiss	sion to th	e New York S	State Education	n Department t	o release my examina	ation results to my professional school			
		-	•	_		•	g. I may rescind this authority at any			
				fessional Licer	•	in writing.				
	Yes] No	Please initi	al:						
21	AFFIDAVIT V	VITH AC	KNOWLED	SMENT (Notariz	zation required.)					
	APPLICANT									
	and correct. I	underst	and that any f ensure and m	alse or mislead	ding informatio	n in, or in connection	ing documents, are true, complete with, my application may be cause be signed and dated in the			
	Signature of th	he applic	eant:				-			
	Date	/	/	Year						
	NOTARY									
	State of				Co	ounty of				
	On the		_ day of _		in	the year	before me, the above signed,			
	personally ap	peared		nnlicant Name	, person	ally known to me	or proved to me on the basis of			
							ation and acknowledged to me that			
	he/she execut	ted the	application a	nd swore that	the statement	s made by him/her i	n the application and all supporting			
	materials are t	true, con	nplete, and co	orrect.						
	Notary Public	signatur	e							
	Notary ID num	nber				1	Notary Stamp			
	Expiration date	e	nth /	/	ear					
							e Professions, PO Box 22063, Albany, te Education Department.			

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