

**Professional Licensing Agency**  
 402 West Washington Street  
 Room W072  
 Indianapolis, IN 46204



**Eric J. Holcomb**  
 Governor of Indiana  
**Deborah J. Frye**  
 PLA Executive Director

### Landscape Architect Renewal

Renew online at [www.pla.in.gov](http://www.pla.in.gov) using the Register a Person option to create your login credentials. To renew by mail, send this form with the renewal fee of \$120.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after the license expiration date you must include a \$50 late fee. If you answer 'Yes' to any question 1-3 below, send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

<b>QUESTIONS</b>	
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?	YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory?	YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?	YES NO
4. Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that I am a United States Citizen. (*See below.)	YES NO*

<b>CONTINUING EDUCATION (CE is not required if your license was issued after 10/1/2017)</b>	
5. Have you completed the required continuing education to renew your license or will you have completed the required continuing education by the end of this renewal cycle?	YES NO
6. Do you want to renew to active or inactive status?	ACTIVE INACTIVE

<b>LICENSEE AFFIRMATION</b>	
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Registration for Architects & Landscape Architects statutes and rules, and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

*\*If you indicate you are not a US Citizen, please provide documentation from USCIS that shows proof of your qualified alien (as defined under 8 U.S.C. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.*

**Retired Status:** If any registered architect desires to retire from the practice of architecture in Indiana, the architect may submit to the board the architect's verified statement of intention to withdraw from practice. If you wish to request 'retired' status, please email your statement to [pla10@pla.in.gov](mailto:pla10@pla.in.gov) and do not complete the renewal process. For more information regarding 'retired' status, please visit on the web at [www.pla.in.gov](http://www.pla.in.gov).

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the State Board of Registration for Architects & Landscape Architects please email [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or call 317-234-3022.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date