



Ohio Architects Board Ohio Board of Landscape Architect Examiners

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Change of Address/Contact Information Please complete all information.

Email completed form to: Stephanie.happ@arla.state.oh.us or mail to Board office.

Section A Personal Information			
First Name	Middle Name/Initial	Last Name	Maiden Name
Profession (check one) <input type="checkbox"/> ARC <input type="checkbox"/> LA	Ohio License No.	Date of Birth	
Section B Demographic Information			
Do you hold an accredited degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		School	
Degree Received		ARE Start	ARE Finish
Issued by (check one) <input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity	IDP Start	IDP Finish	
NCARB Certificate # (check here if none <input type="checkbox"/>)		NCARB Record # (check here if none <input type="checkbox"/>)	
Section C New Contact Information			
This change is for (check one): <input type="checkbox"/> Firm <input type="checkbox"/> Individual			
Mailing Address – Number and Street (No PO Boxes Please)			City
State	Zip Code	County	
Work Telephone	Mobile	Home Telephone	FAX
Email Address (required)			
Section D Firm Information			
I am (check one): <input type="checkbox"/> Owner/Employee of the firm below <input type="checkbox"/> Not employed			
Name of Firm			Certificate of Authorization #
Mailing Address – Number & Street (No PO Boxes Please)			
City	State	Zip Code	
Firm Telephone		FAX	