Application for Professional Registration by Reciprocity - Personal Information

Applicant Information

Please provide the information below.

First Name*	Middle Name	Last Name*	Suffix	Title*
Joseph	Lockhart	Wilson		Mr.

Social Security Number*	Date of Birth*	Place of Birth*
[redacted]	[redacted]	Lincoln, NE

Are you a US Citizen? (•) Yes* ( ) No*

Have you previously been licensed with the Nevada State Board of Landscape Architecture? (•) Yes* ( ) No*

Certificate Number*

[redacted]

Contact Information

Residence Address*

7797 S Poplar Ct.

City*	State*	Zip Code*	County*
Centennial	CO	80112	Out of Country

Home Telephone*	Cell Telephone	Country*
720-989-7073	720-989-7073	United States

Primary Email

The Board will use this email address to communicate information to all licensees.

Primary Email Address*

jlwilsoniv@gmail.com

Business Information

Business Name*

Farnsworth Group

Address*

5613 DTC Parkway Suite 1100

City*	State*	ZIP Code*	County*
Greenwood Village	CO	80111	Out of Country

Phone Number*	Facsimile Number	Business Email	Country*
303-692-8838	999-999-9999	jwilson@f-w.com	United States

Mailing Preference

- (●) I prefer to have mail from the Board sent to my home address.*
- ( ) I prefer to have mail from the Board sent to my business address*

Application for Professional Registration by Reciprocity - Child Support

Nevada Business License Information

- ( ) I do NOT have a Nevada state business license number.*
- ( ) I have applied for a Nevada business license with the Nevada Secretary of State in compliancewith the provision of NRS Chapter 76 and my application is pending.*
- (•) I have a Nevada Business License number assigned by the Secretary of State in compliancewith the provisions of NRS Chapter 76.*

Name on Business License* FARNSWORTH GROUP, IN

Business License Number* NV20171147360

Child Support Information

- (•) I am not subject to a court order for the support of a child.*
- ( ) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.*
- ( ) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.*

Application for Professional Registration by Reciprocity - Legal Questions

Legal Questions

If the answer to any of the following questions is "yes" a detailed explanatory statement will be required.

Have you ever been convicted of a misdemeanor or gross misdemeanor?* ○ Yes ◉ No

Have you ever been convicted of a felony?* ○ Yes ◉ No

Military Information

Have you ever served in the military? ○ Yes* ◉ No*

CLARB Certified Council Record

Do you currently have a CLARB Certified Council Record? ○ Yes* ◉ No*

Application for Professional Registration by Reciprocity - Registration

Landscape Architect Registration

Registration by Reciprocity Candidates-List all states or provinces of Canada, which have issued you a certificate of registration.

- Upload a verification from your home state of registration or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken and that you received a passing score on each section of the national examination.
- Upload a verification from each additional state or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken.

Name of State or Province of Canada*	Address of Board issuing Certificate of Registration*	City and ZIP Code*
NE	215 Centennial Mall South, Suite 400	Lincoln, 68508-1813

Registration Number*	Date of Registration*	E-mail address of Board Issuing Certificate of Registration*
LA 257	01/16/2006	Tina.M.Hall@nebraska.gov

Select the add button for additional information.

Please upload all applicable verifications.

Click here for recommendations on uploading files.

Application for Professional Registration by Reciprocity - Employment Information

Professional Practice

For Registration by Examination Candidates - State in chronological order the name and address of each employer for the previous ten (10) years.

Please note: Each employer will need to complete online a Post Graduate Work Verification form.

Name of Employer*

Farnsworth Group

Address*

5613 DTC Parkway Suite 1100

City*	State*	ZIP Code*
Greenwood Village	CO	80111

Title of Position Held*	Duties Performed*	Dates of Employment*
Landscape Architectural Manager | Irriga	Landscape Architecture and Irrigatior	10-01-2023

Describe in Particular Duties Performed in the field of Landscape Architecture*

I manage a team of designers providing site, landscape, irrigation, and other consulting services related to landscape architecture.

Select the Add button for additional employer information.

Application for Professional Registration by Reciprocity - Reference

Professional References

Please submit **4 professional references**. Two (2) references must be from registered landscape architects and two (2) from other licensed professionals in a related design profession who have direct knowledge of your professional abilities.

Please note: Each professional reference must complete a Professional Reference form online. The online form must be completed by the person providing the reference.

Landscape Architect Reference #1

Name of Landscape Architect*
Wayne Sterling

Nature of Relationship*
Principal / Supervisor

Address*
5613 DTC Parkway Suite 1100

City*
Greenwood Village

State*
CO

ZIP Code*
80111

Landscape Architect Reference #2

Name of Landscape Architect*
Jon Spenser

Nature of Relationship*
Senior Manager / Supervisor

Address*
5613 DTC Parkway Suite 1100

City*
Greenwood Village

State*
CO

ZIP Code*
80111

Professional Reference #1

Name of Professional Reference*

Cindy Pedrioli

Nature of Relationship*

Co-worker

Address*

5613 DTC Parkway Suite 1100

City*

Greenwood Village

State*

CO

ZIP Code*

80111

Professional Reference #2

Name of Professional Reference*

Jay Newell

Nature of Relationship*

Licensed Civil Engineer

Address*

5613 DTC Parkway Suite 1100

City*

Greenwood Village

State*

CO

ZIP Code*

80111

Application for Professional Registration by Reciprocity - Education

Education Information

State in chronological order the name and address of each institution attended, the dates spent at each, major, indicate the degree received and the graduation date. **You are responsible to arrange to have transcripts from all educational institutions forwarded to the Nevada State Board of Landscape Architecture.**

Name of Institution*	Graduation Date*
Kansas State University	05/1999

Address*

2132 Regnier Hall, 920C N Martin Luther King Jr. Drive

City*	State*	ZIP Code*
Manhattan	KS	66506

Degree Received*	Major*	Dates Attended*
Bachelor Degree	Landscape Architecture	08/1994 - 05/1999

Select the Add button for additional education information.

Application for Professional Registration by Reciprocity - Certification

Affidavit

I certify the information contained in this application to be truthful, complete and accurate.

I acknowledge that the Nevada State Board of Landscape Architecture will compile and evaluate a record containing all aspects of my education, experience, moral character and reputation. I agree to provide any additional information as requested by the Board. I hereby authorize any individual, company or institution with whom I have been associated to furnish to the Nevada State Board of Landscape Architecture any information concerning my qualifications for professional registration in Nevada which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I attest that if I am (am not) subject to a court order for child support of one or more children that I am not out of compliance with the order or with a plan approved by the District Attorney or other public agency enforcing the order for repayment in the amount owed pursuant to the order.

I acknowledge that any statements, papers or documents received by the Board in its investigation may be transmitted by the Board to the Council of Landscape Architectural Registration Boards or other political subdivisions registering landscape architects as requested.

I attest that I am a citizen of the United States or that I am lawfully entitled to remain and work in the United States.

☑ **I am the applicant named in this application, have read and understand the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.***

Photograph

Please securely attach a recognizable photo (2”x 21/2”). Photo must be taken within one year of submission of this application.

Click here for recommendations on uploading files.

Uploaded File(s)

IMG_7042.jpg

Application for Professional Registration by Reciprocity - Receipt

Receipt

Your confirmation number is 59238.

Name: Joseph Wilson

Total: [redacted]

Card: [redacted]

Date/Time: 8/8/2024 10:13:30 AM

Application Number: 2024-59

If you are connected to a printer, you may print this receipt for your records by clicking below. However, a copy of this receipt will be sent to your email address. Print

When the Download PDF button turns green, click below to download or save a PDF of your application.

You have successfully submitted the application. Allow 5-7 business days to process your application. To check the status of your application you may log into the online Application Status form.

The Application Number listed above will be used to submit the Post Graduate Work Verification form and the Landscape Architect Reference Form. Please provide this number to the applicable references.

Landscape Architect Reference Form - Referal

Applicant Name Joseph Lockhart Wilson

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

Questions

1. **How long have you known the applicant?*** 9 years

2. **In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)***
   Joe is an employee in our office and I see him and interact with him on a daily basis. And on occasion in social settings outside of work. He is an experienced Landscape Architect, highly technical, professional, and ethical in all his dealings, with a wide range of project experience.

3. Would you be pleased to have this applicant as an associate with you in practice? (●) Yes* ( ) No*

4. My general recommendation concerning this applicant is:

   (●) Recommend highly without reservations*
   ( ) Recommend as qualified and competent*
   ( ) Recommend with some reservation*
   ( ) Do not recommend*

5. Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.

   Technical Competence (●) Excellent* ( ) Satisfactory* ( ) Marginal* ( ) Unsatisfactory* ( ) Unknown*

Professional Integrity	◉ Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*
Character (honesty/ethics)	◉ Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*

6. Do you consider the applicant fully qualified to become a registered Landscape Architect in the State of Nevada? ◉ Yes* ○ No*

Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.

Click here for recommendations on uploading files.

Landscape Architect Reference Form - Verification

Attestation

☑ **I attest that the referenced applicant is of good moral character and has never:***

Been convicted of a felony, misdemeanor or gross misdemeanor that is directly related to the practice of landscape architecture; committed an act involving dishonesty, fraud, misrepresentation, breach of a fiduciary duty, gross negligence or incompetence while engaged in the practice of landscape architecture; incarcerated in a jail or prison at the time of submitting an application for a certificate of registration or a certificate to practice as a landscape architect intern; committed fraud or misrepresentation in connection with the submission of an application for a certificate of registration or certificate to practice as a landscape architect intern; or the taking of one or more examinations pursuant to the provisions of chapter 623.A; had a certificate of registration suspended or revoked by the Board or in any other state or country; in lieu of receiving disciplinary action against himself, surrendered a certificate of registration or certificate to practice as a landscape architect intern in this State or a certificate or license to practice landscape architecture issued in another state or country; u engaged in the practice of landscape architecture in this State or in any other state or country without a license or certificate of registration or certificate to practice as a landscape architect intern within the 2 years immediately preceding the filing of an application for a certificate of registration or certificate to practice as a landscape architect intern pursuant to the provisions of this chapter; within the 5 years immediately preceding the filing of an application specified in the previous statement, engaged in unprofessional conduct in violation of the regulations adopted by the Board.

Your Name:*

Jonathan Spencer

Are you a Licensed Professional? ◉ **Yes*** ○ **No***

Profession:*	**License Number:***	**State Licensed In:***
Landscape Architect	#5050 (CA), #111 (CO)	CO

Landscape Architect Reference Form - Referal

Applicant Name Joseph Lockhart Wilson

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

Questions

1. **How long have you known the applicant?*** 8

2. **In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)***
   Office, daily

3. Would you be pleased to have this applicant as an associate with you in practice? (●) Yes* ( ) No*

4. My general recommendation concerning this applicant is:

   (●) Recommend highly without reservations*
   ( ) Recommend as qualified and competent*
   ( ) Recommend with some reservation*
   ( ) Do not recommend*

5. Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.

Technical Competence	(●) Excellent*	( ) Satisfactory*	( ) Marginal*	( ) Unsatisfactory*	( ) Unknown*
Professional Integrity	(●) Excellent*	( ) Satisfactory*	( ) Marginal*	( ) Unsatisfactory*	( ) Unknown*

Character (honesty/ethics)

◉ Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*

6. Do you consider the applicant fully qualified to become a registered Landscape Architect in the State of Nevada?

◉ Yes* ○ No*

Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.

Click here for recommendations on uploading files.

Landscape Architect Reference Form - Verification

Attestation

☑ **I attest that the referenced applicant is of good moral character and has never:***

Been convicted of a felony, misdemeanor or gross misdemeanor that is directly related to the practice of landscape architecture; committed an act involving dishonesty, fraud, misrepresentation, breach of a fiduciary duty, gross negligence or incompetence while engaged in the practice of landscape architecture; incarcerated in a jail or prison at the time of submitting an application for a certificate of registration or a certificate to practice as a landscape architect intern; committed fraud or misrepresentation in connection with the submission of an application for a certificate of registration or certificate to practice as a landscape architect intern; or the taking of one or more examinations pursuant to the provisions of chapter 623.A; had a certificate of registration suspended or revoked by the Board or in any other state or country; in lieu of receiving disciplinary action against himself, surrendered a certificate of registration or certificate to practice as a landscape architect intern in this State or a certificate or license to practice landscape architecture issued in another state or country; u engaged in the practice of landscape architecture in this State or in any other state or country without a license or certificate of registration or certificate to practice as a landscape architect intern within the 2 years immediately preceding the filing of an application for a certificate of registration or certificate to practice as a landscape architect intern pursuant to the provisions of this chapter; within the 5 years immediately preceding the filing of an application specified in the previous statement, engaged in unprofessional conduct in violation of the regulations adopted by the Board.

Your Name:*

Cindy Pedrioli

Are you a Licensed Professional? ◉ **Yes*** ○ **No***

Profession:*	**License Number:***	**State Licensed In:***
Landscape Architecture	700	CO

Landscape Architect Reference Form - Referal

Applicant Name Joseph Lockhart Wilson

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

Questions

1. **How long have you known the applicant?*** 8 years

2. **In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)***
   Daily at work as his supervisor.

3. Would you be pleased to have this applicant as an associate with you in practice? (●) Yes* ( ) No*

4. My general recommendation concerning this applicant is:

   (●) Recommend highly without reservations*
   ( ) Recommend as qualified and competent*
   ( ) Recommend with some reservation*
   ( ) Do not recommend*

5. Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.

Technical Competence	(●) Excellent*	( ) Satisfactory*	( ) Marginal*	( ) Unsatisfactory*	( ) Unknown*
Professional Integrity	(●) Excellent*	( ) Satisfactory*	( ) Marginal*	( ) Unsatisfactory*	( ) Unknown*

Character (honesty/ethics)

◉ Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*

6. Do you consider the applicant fully qualified to become a registered Landscape Architect in the State of Nevada?

◉ Yes* ○ No*

Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.

Click here for recommendations on uploading files.

Landscape Architect Reference Form - Verification

Attestation

☑ **I attest that the referenced applicant is of good moral character and has never:***

Been convicted of a felony, misdemeanor or gross misdemeanor that is directly related to the practice of landscape architecture; committed an act involving dishonesty, fraud, misrepresentation, breach of a fiduciary duty, gross negligence or incompetence while engaged in the practice of landscape architecture; incarcerated in a jail or prison at the time of submitting an application for a certificate of registration or a certificate to practice as a landscape architect intern; committed fraud or misrepresentation in connection with the submission of an application for a certificate of registration or certificate to practice as a landscape architect intern; or the taking of one or more examinations pursuant to the provisions of chapter 623.A; had a certificate of registration suspended or revoked by the Board or in any other state or country; in lieu of receiving disciplinary action against himself, surrendered a certificate of registration or certificate to practice as a landscape architect intern in this State or a certificate or license to practice landscape architecture issued in another state or country; u engaged in the practice of landscape architecture in this State or in any other state or country without a license or certificate of registration or certificate to practice as a landscape architect intern within the 2 years immediately preceding the filing of an application for a certificate of registration or certificate to practice as a landscape architect intern pursuant to the provisions of this chapter; within the 5 years immediately preceding the filing of an application specified in the previous statement, engaged in unprofessional conduct in violation of the regulations adopted by the Board.

Your Name:*

Wayne Sterling

Are you a Licensed Professional? ◉ **Yes*** ○ **No***

Profession:*	**License Number:***	**State Licensed In:***
Landscape Architect	144	CO

Landscape Architect Reference Form - Referal

Applicant Name Joseph Lockhart Wilson

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

Questions

1. **How long have you known the applicant?*** 14 years

2. **In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)***
   Office, Daily

3. Would you be pleased to have this applicant as an associate with you in practice? (●) Yes* ( ) No*

4. My general recommendation concerning this applicant is:

   (●) Recommend highly without reservations*

   ( ) Recommend as qualified and competent*

   ( ) Recommend with some reservation*

   ( ) Do not recommend*

5. Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.

Technical Competence	(●) Excellent*	( ) Satisfactory*	( ) Marginal*	( ) Unsatisfactory*	( ) Unknown*
Professional Integrity	(●) Excellent*	( ) Satisfactory*	( ) Marginal*	( ) Unsatisfactory*	( ) Unknown*

Character (honesty/ethics)

◉ Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*

6. Do you consider the applicant fully qualified to become a registered Landscape Architect in the State of Nevada?

◉ Yes* ○ No*

Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.

Click here for recommendations on uploading files.

Landscape Architect Reference Form - Verification

Attestation

☑ **I attest that the referenced applicant is of good moral character and has never:***

Been convicted of a felony, misdemeanor or gross misdemeanor that is directly related to the practice of landscape architecture; committed an act involving dishonesty, fraud, misrepresentation, breach of a fiduciary duty, gross negligence or incompetence while engaged in the practice of landscape architecture; incarcerated in a jail or prison at the time of submitting an application for a certificate of registration or a certificate to practice as a landscape architect intern; committed fraud or misrepresentation in connection with the submission of an application for a certificate of registration or certificate to practice as a landscape architect intern; or the taking of one or more examinations pursuant to the provisions of chapter 623.A; had a certificate of registration suspended or revoked by the Board or in any other state or country; in lieu of receiving disciplinary action against himself, surrendered a certificate of registration or certificate to practice as a landscape architect intern in this State or a certificate or license to practice landscape architecture issued in another state or country; u engaged in the practice of landscape architecture in this State or in any other state or country without a license or certificate of registration or certificate to practice as a landscape architect intern within the 2 years immediately preceding the filing of an application for a certificate of registration or certificate to practice as a landscape architect intern pursuant to the provisions of this chapter; within the 5 years immediately preceding the filing of an application specified in the previous statement, engaged in unprofessional conduct in violation of the regulations adopted by the Board.

Your Name:*

Jay M. Newell

Are you a Licensed Professional? ◉ **Yes*** ○ **No***

Profession:*	**License Number:***	**State Licensed In:***
Civil Engineering	35219	CO

Postgraduate Work Verification Form - Employment

Applicant Information

Applicant Name Joseph Lockhart Wilson

Have you employed the above named applicant? (•) Yes* ( ) No*

Company

Company:*
Farnsworth Group

Address:*
5613 DTC Parkway Suite 1100

City:* Greenwood Village
State:* CO
Zip:* 80111

Phone:* 303-692-8838
Fax: (775) 555-0101

Email:* lbrooks@F-W.com
Your Position:* Human Resources Generalist

Indicate types of services rendered by firm:

- [x] **Landscaping Architecture**
- [x] **Contracting**
- [x] **Architecture**
- [x] **Planning**
- [x] **Engineering**
- [ ] **Other**

Position of immediate supervisor:

(•) Registered Landscaping Architect* ( ) Registered Contractor* ( ) Registered Architect*

○ Registered Planner* ○ Registered Engineer* ○ Other*

Employment

Start Date:*	End Date:*	Full or Part Time:*	Applicant's Position:*
09/29/2023	08/15/2024	Full Time	Landscape Architectural/Irrigation

Indicate primary areas in which applicant spent time practicing Landscape Architecture:*

Entitlement Landscape Architecture planner, interdisciplinary liaison for Landscape Architecture.

Postgraduate Work Verification Form - Qualifications

Qualifications

Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.

Technical Competence	◉ Excellent*	○ Satisfactory*	○ Marginal*	○ Unsatisfactory*	○ Unknown*
Professional Integrity	◉ Excellent*	○ Satisfactory*	○ Marginal*	○ Unsatisfactory*	○ Unknown*
Character (honesty/ethics)	◉ Excellent*	○ Satisfactory*	○ Marginal*	○ Unsatisfactory*	○ Unknown*

Do you consider the applicant qualified to become a professional practitioner? ◉ Yes* ○ No* ○ Not qualified to answer*

Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for registration. Please keep in mind it is the intent of registration to insure the safeguarding of public health, safety and welfare and it is the Board's responsibility to grant registration only to those who are qualified for the profession on the basis of quality of work, character and practical experience in Landscape Architecture. As one of the applicant's confirmation of work experience, it is expected that you are familiar with the professional work and have knowledge or his/her ability, character and reputation.

Click here for recommendations on uploading files.

Certification

☑ I hereby certify that the information furnished on this application is true, accurate and correct to the best of my knowledge.*

Your Name:*

Laura Lynn Brooks

Are you a Licensed Professional? ○ Yes* ◉ No*

Jim Pillen
Governor

Nebraska State Board of Landscape Architects
PO Box 95165
Lincoln, NE 68509-5165
Phone: (402) 471-2407
Fax: (402) 471-0787
Email:
nsbla.board@nebraska.gov
Web:
www.nsbla.nebraska.gov

Diana Stahlnecker
Admin Programs Officer

BOARD MEMBERS

Jennifer Seacrest, ASLA
Chairperson
Landscape Architect
Lincoln

Jonathan Hauck, ASLA
Vice-Chairperson
Landscape Architect
Lincoln

Kristina Engler, ASLA
Landscape Architect
Omaha

Derek Miller, AICP
Public Representative
Omaha

Bradley Swerczek, ASLA
Landscape Architect
Omaha

Vacant
Landscape Architect

August 13, 2024

Verification for:

Joseph Lockhart Wilson IV
7797 S Poplar Ct
Centennial CO 80112-2529

SS# Last Four [redacted]

The above-named person was registered as:

Certificate Number	Date Issued	Valid until
LA 257 Landscape Architect	01/18/2006	12/31/2025

LARE Examinations:

Exam	Final Score	Date Pass/Credit Achieved
Section A	Pass	10/2005
Section B	Pass	08/2005
Section C	Pass	06/2003
Section D	Pass	06/2003
Section E	Pass	12/2003

Has the above-named person been subject to any disciplinary action? No

Connie Belt

Connie Belt

Accountant I

Nevada State Board of Landscape Architecture
Application for Registration by Reciprocity
Please Type or Print Legibly in Black Ink
Completing All Sections

Nonrefundable Application Fee $100.00

Jim Gibbons
Governor

BOARD MEMBERS
Donald Naquin
Kreg Mebust
Dan Hill
Cary Baird
Sandy Antunez

All returned exams must be delivered to the Board office at least 2 weeks prior to the meeting in order to be approved.

Section 1 Identifying information

Last Name	First Name	Date of Birth
Wilson	Joseph	1[redacted]

Place of Birth	Social Security Number	Citizenship or Legal Residence
Lincoln, NE	[redacted]	United States of America

Residence Address
1846 S Poplar Street

City	State	Zip code	Home Telephone
Denver	CO	80224	303-284-7264

Business Name
Galloway & Company

Business Address
5300 DTC Parkway, Suite 100

City	State	Zip code	Business Telephone
Greenwood Village	CO	80111	303-770-8884

Facsimile Number	Electronic Mail Address
303-770-3636	joewilson@gallowayUS.com

If the answer to any of the following questions is "yes" attach a detailed explanatory statement.

1. Have you ever been convicted of a misdemeanor or gross misdemeanor? ☐ Yes ☒ No
2. Have you ever been convicted of a felony? ☐ Yes ☒ No

Section 2 Landscape Architect Registration

List all states or provinces of Canada, which have issued you a certificate of registration, use additional sheets if needed.

- ***Submit verification from your home state of registration or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken and that you received a minimum passing score of 75 percent on each section of the national examination.***
- ***Submit verification from <u>each additional state or province of Canada</u> that you are/were active and registered in good standing, with no disciplinary action ever taken.***

1. Name of State or Province of Canada Nebraska	Date of Registration 01/18/2006
Address of Board issuing Certificate of Registration P.O. Box 95165	City, Zip code Lincoln, NE 68509
E-mail address of Board Issuing Certificate of Registration nsbla.board@nebraska.gov	Registration Number LA-257
2. Name of State or Province of Canada Colorado	Date of Registration 01/01/2008
Address of Board issuing Certificate of Registration 1560 Broadway, Suite 1350	City, Zip code Denver, CO 80202
E-mail address of Board Issuing Certificate of Registration la@dora.state.co.us	Registration Number LA-304
3. Name of State or Province of Canada Kansas	Date of Registration 06/18/2009
Address of Board issuing Certificate of Registration 900 SW Jackson Street, Suite 507	City, Zip code Topeka, KS 66612
E-mail address of Board Issuing Certificate of Registration vickyg@ksbtp.ks.gov	Registration Number LA-768

Professional Organizations
Please provide a list of professional organizations of which you are a member.

- Irrigation Association - Certified Irrigation Designer
- ASLA Colorado Member
- Council of Landscape Architectural Registration Boards Member

Section 2 Landscape Architect Registration

List all states or provinces of Canada, which have issued you a certificate of registration, use additional sheets if needed.

- ***Submit verification from your home state of registration or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken and that you received a minimum passing score of 75 percent on each section of the national examination.***
- ***Submit verification from <u>each additional state or province of Canada</u> that you are/were active and registered in good standing, with no disciplinary action ever taken.***

1. Name of State or Province of Canada Missouri	Date of Registration 05/26/2009
Address of Board issuing Certificate of Registration 3605 Missouri Boulevard, Suite 380	City, Zip code Jefferson City, MO 65109
E-mail address of Board Issuing Certificate of Registration moapels@pr.mo.gov	Registration Number LA-2009012848
2. Name of State or Province of Canada Texas	Date of Registration 12/14/2010
Address of Board issuing Certificate of Registration 333 Guadalupe, Suite 2-350	City, Zip code Austin, Texas 78701
E-mail address of Board Issuing Certificate of Registration registration@tbae.state.tx.us	Registration Number LA-2694
3. Name of State or Province of Canada Oregon	Date of Registration 09/30/2009
Address of Board issuing Certificate of Registration 707 13th Street SE, Suite 261	City, Zip code Salem, OR 97301
E-mail address of Board Issuing Certificate of Registration oslab.info@state.or.us	Registration Number LA-692

Professional Organizations
Please provide a list of professional organizations of which you are a member.

_____
_____
_____

Section 2 Landscape Architect Registration

List all states or provinces of Canada, which have issued you a certificate of registration, use additional sheets if needed.

- ***Submit verification from your home state of registration or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken and that you received a minimum passing score of 75 percent on each section of the national examination.***
- ***Submit verification from <u>each additional state or province of Canada</u> that you are/were active and registered in good standing, with no disciplinary action ever taken.***

1. Name of State or Province of Canada Illinois	Date of Registration 08/31/2009
Address of Board issuing Certificate of Registration 100 West Randolph, 9th Floor	City, Zip code Chicago, IL 60601
E-mail address of Board Issuing Certificate of Registration jerry.r.miller@illinois.gov	Registration Number LA-157.001324
2. Name of State or Province of Canada Indiana	Date of Registration 09/04/2009
Address of Board issuing Certificate of Registration 402 W. Washington Street, Room W072	City, Zip code Indianapolis, IN 46204
E-mail address of Board Issuing Certificate of Registration pla10@pla.in.gov	Registration Number LA-20900125
3. Name of State or Province of Canada Utah	Date of Registration 02/16/2010
Address of Board issuing Certificate of Registration 160 East 300 South	City, Zip code Salt Lake City, UT 84111
E-mail address of Board Issuing Certificate of Registration doplweb@utah.gov	Registration Number 7590078-5301

Professional Organizations
Please provide a list of professional organizations of which you are a member.

_____
_____
_____

Section 2 Landscape Architect Registration

List all states or provinces of Canada, which have issued you a certificate of registration, use additional sheets if needed.

- ***Submit verification from your home state of registration or province of Canada that you are/were active and registered in good standing, with no disciplinary action ever taken and that you received a minimum passing score of 75 percent on each section of the national examination.***
- ***Submit verification from <u>each additional state or province of Canada</u> that you are/were active and registered in good standing, with no disciplinary action ever taken.***

1. Name of State or Province of Canada Montana	Date of Registration 06/30/2011
Address of Board issuing Certificate of Registration P.O. Box 200513	City, Zip code Helena, MT 59620
E-mail address of Board Issuing Certificate of Registration cwhitney@mt.gov	Registration Number LA-275
2. Name of State or Province of Canada Idaho	Date of Registration 02/01/2011
Address of Board issuing Certificate of Registration 700 West State Street	City, Zip code Boise, ID 83702
E-mail address of Board Issuing Certificate of Registration lar@ibol.idaho.gov	Registration Number LA-16719
3. Name of State or Province of Canada	Date of Registration
Address of Board issuing Certificate of Registration	City, Zip code
E-mail address of Board Issuing Certificate of Registration	Registration Number

Professional Organizations
Please provide a list of professional organizations of which you are a member.

Section 3 Active Engagement in Full-time Practice

Provide verification of 2 or more years of active engagement in full-time practice as a Registered Landscape Architect. Use as many forms as needed to provide verification for 2 years. Council of Landscape Architect Registration Board Certificate holders may omit this section.
(put link here)

Name of Employer			Dates of Employment
Omit/CLARB Record Holder			
Address	City	State	Zip code
Title of Position Held	Duties Performed		
Describe in Particular Duties Performed in the field of Landscape Architecture			

Name of Employer			Dates of Employment
Address	City	State	Zip code
Title of Position Held	Duties Performed		
Describe in Particular Duties Performed in the field of Landscape Architecture			

Name of Employer			Dates of Employment
Address	City	State	Zip code
Title of Position Held	Duties Performed		
Describe in Particular Duties Performed in the field of Landscape Architecture			

Section 4 Professional References

Submit 4 professional references, 2 from registered landscape architects and 2 from other licensed professionals in a related design profession who have direct knowledge of your professional abilities. All references must be stamped by the person providing the reference. ***(put link here)***

1. Name of Landscape Architect Abraham Medina			Nature of Relationship Work Within a Professional Setting
Address 1250 Carlyle Park Circle	City Highlands Ranch	State Colorado	Zip code 80129
2. Name of Landscape Architect Heather Runkel			Nature of Relationship Work Within a Professional Setting
Address 7946 Madison Ave.	City Kansas City	State Missouri	Zip code 64114
3. Name of Professional Reference Jason Miller			Nature of Relationship Work Within a Professional Setting
Address 10 West Fair Avenue	City Littleton	State Colorado	Zip code 80120
2. Name of Professional Reference Justin Hamla			Nature of Relationship Work Within the Profession
Address 1940 Diamond Street	City San Marcos	State California	Zip code 92078

Section 5 Education

State in chronological order the name and address of each institution attended, the dates spent at each, major, indicate the degree received if applicable and the year of graduation. Use additional sheets if needed. Council of Landscape Architect Registration Board Certificate holders may omit this section.

1. Name of Institution Omit/CLARB Record Holder			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended
2. Name of Institution			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended
3. Name of Institution			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended
4. Name of Institution			Graduation Date
Address	City	State	Zip code
Degree Received	Major		Dates Attended

AFFIDAVIT

I certify the information contained in this application to be truthful, complete and accurate.

I acknowledge that the Nevada State Board of Landscape Architecture will compile and evaluate a record containing all aspects of my education, experience, moral character and reputation. I agree to provide any additional information as requested by the Board. I hereby authorize any individual, company or institution with whom I have been associated to furnish to the Nevada State Board of Landscape Architecture any information concerning my qualifications for professional registration in Nevada which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I attest that if I am subject to a court order for child support of one or more children that I am not out of compliance with the order or with a plan approved by the District Attorney or other public agency enforcing the order for repayment in the amount owed pursuant to the order.

I acknowledge that any statements, papers or documents received by the Board in its investigation may be transmitted by the Board to the Council of Landscape Architectural Registration Boards or other political subdivisions registering landscape architects as requested.

I attest that I am a citizen of the United States or that I am lawfully entitled to remain and work in the United States.

Signature of Applicant _____ Date 1/18/2012

State of Colorado County of Arapahoe

Being first duly sworn, deposes and says: I am the applicant named in this application, have read and understand the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Subscribed and sworn to before me this 18th day of January, 2012

Signature of Notary Public Patricia L. Hadjinicolaou My commission expires 10/4/2012

NOTARY SEAL
PATRICIA L. HADJINICOLAOU
NOTARY
PUBLIC
STATE OF COLORADO

Please securely attach a recognizable photo (2"x 21/2"). Photo must be taken within one year of submission of this application. Affix your signature and date of the photo over the lower right-hand corner of the photo.

Posted 8/6/08

Nevada State Board of Landscape Architecture
Initial Application for Licensure Processing Checklist
Registration by Certification by
Council of Landscape Architectural Registration Boards

Name Joseph Wilson Date of Birth 10/17/75 Social Security Number [redacted]

Date application packet received 2/27/2012 Date Exam Mailed 2/27/2012 Date Exam Due 8/27/2012

E-mail Address joewilson@galloway us.com

$75. Exam Fee Received date 2/27/2012

$100. Application Fee Received date 2/27/2012

Completed Application for Certification date 2/27/2012

CLARB Registration Verified:

_____ date verified 2/27/2012

✓ Achieved a passing score on the senior practitioner examination
✓ No disciplinary action taken during the period of registration as a landscape architect

Other

✓ Candidate has met requirements described in NAC 623A.222 and is eligible to sit for the Nevada Specific examination.

Executive Director for the
Nevada State Board of Landscape Architecture

Nevada State Board of Landscape Architecture

August 18, 2012

Joseph Wilson
Galloway & Company
5300 DTC Parkway, Suite 100
Denver, CO 80224

Dear Mr. Wilson:

On behalf of the Nevada State Board of Landscape Architecture I wish to inform you that you have successfully completed all necessary requirements to become a Licensed Landscape Architect in the State of Nevada. You are granted licensure and are now a Registered Member in the State of Nevada. You may practice your profession in the State of Nevada at any time.

Your licensure will expire each year on June 30. At that time you will be sent an application for renewal, which must be returned to this office with required renewal fees.

Enclosed with this letter is your License. Your stamp has been ordered, and will be (or has been) sent separately. You must hand write the expiration date of your registration immediately below the stamp impression. Please note the following Nevada Revised Statute, which defines usage, and unlawful acts pertaining to your stamp:

NRS 623A.195 Seal: Design; use; unlawful acts.

1. Upon issuing a certificate of registration, the Board shall issue to the holder of the certificate of registration a seal of the design authorized by the Board, bearing the name of the holder of the certificate of registration, the number of his certificate of registration and the title "landscape architect."
2. A plan, specification, report or other document issued by a holder of a certificate of registration for official use must be signed, sealed and dated on the title page by him with a permanently legible imprint of his seal and signature. The Board may adopt regulations specifying the manner in which a holder of a certificate of registration may electronically transmit such a plan, specification, report or other document.
3. It is unlawful for a person to stamp or seal any plan, specification, report or other document with the seal of a holder of a certificate of registration after his certificate of registration has expired or has been suspended or revoked, unless the certificate of registration has been renewed or reissued.

(Added to NRS by 2001, 500)

The Board holds quarterly meetings and encourages input from all licensees. Please check the web site for exact dates, times and locations. Agendas and meeting minutes are also posted on the web site www.nsbla.state.nv.us for your review. Your Nevada State Board of Landscape Architecture is in place to serve you, the Licensed Landscape Architect. Please direct all comments, questions and concerns to our e-mail address at; Landscapeboard@nsbla.nv.gov

Again, we welcome you.

Sincerely,

Helen Wright
Executive Director, Nevada State Board of Landscape Architecture

P.O. Box 17039 • Reno, NV 89511 • email landscapeboard@nsbla.nv.gov
Telephone 775 530-4602 • Fax 775 688-1317

COUNCIL RECORD SUMMARY

This is a summary of the applicant's history and is not an evaluation of the record against CLARB's Standards of Eligibility for Council Certification.

APPLICANT INFORMATION

Name: Joseph L Wilson

Address: 1846 S Poplar St
Denver, CO 80224

Council Record #: 6382

Legacy CR #: 2989

Council Record Status: CERTIFIED
8/4/2006

REGISTRATION

Jurisdiction	Date of Initial Licensure	Expiration Date
Nebraska (primary)	1/18/2006	12/31/2012
Colorado	1/1/2008	1/31/2013
Missouri	5/26/2009	12/31/2012
Montana	6/30/2011	6/30/2012
Idaho	2/1/2011	10/17/2012
Oregon	9/30/2009	9/30/2012
Illinois	8/31/2009	8/31/2013
Indiana	9/4/2009	12/1/2013
Kansas	6/18/2009	12/31/2012
Utah	2/16/2010	5/31/2012
Texas	12/14/2010	10/31/2012

EXAMINATION SUMMARY

Scores Verified by CLARB

Examination Section	Score	Date Pass/Credit Achieved
Exam A - Multiple Choice	Pass	10/3/2005
Exam B - Multiple Choice	Pass	8/9/2004
Exam C - Graphic	Pass	6/9/2003
Exam D - Multiple Choice	Pass	6/9/2003
Exam E - Graphic	Pass	12/8/2003

Scores Verified by a Member Board

** The word "Credit" indicates a transition credit for the current section of the L.A.R.E.

Examination Section	Score	Date Pass/Credit Achieved

EDUCATION

Institution	Type	Category	Graduation Date
Kansas State University	Bachelor	Accredited LA	5/10/1999

WORK EXPERIENCE

** Employment achieved after the date of Certification has not been verified.

Employer	Type of Work	Duration	Supervisor Status	Competencies (Prof./Tech.)
Galloway 4/1/2009-12/28/2011 Full Time	Landscape Architecture	2 yr(s), 8 mth(s)		
Land Architects, Inc. 6/2/1999-2/1/2009 Full Time	Landscape Architecture	9 yr(s), 8 mth(s)	Landscape Architect	Satisfactory/Satisfactory

PROFESSIONAL REFERENCES

Name	Type	Comments (Prof./Tech.)
Greg Cieciek	Landscape Architect	Excellent/Excellent
Josh Rowland	Landscape Architect	Satisfactory/Satisfactory
Tom Kupcho	Landscape Architect	Marginal/Satisfactory

DISCIPLINARY ACTION

Council of Landscape Architectural Registration Boards 144 Church Street NW Suite 201 Vienna, VA 22180-7[illegible]-8380, 703-319-8290 (Fax), www.clarb.org

2

REGISTRATION HISTORY VERIFICATION

Council Record Number: 2989

October 28, 2005

Joseph Wilson IV
9137 S. Ridgeline Blvd. Suite 130
Highlands Ranch, CO 80122

To: Nebraska State Board of Landscape Architects

The individual above has identified that he/she either is or has been registered in your jurisdiction or that he/she has completed examinations for your jurisdiction.

Please verify the applicant's registration information as follows:

☒ Yes ☐ No 1. Has the individual ever been registered as a landscape architect by your board?
If yes, please complete the following. If no, please skip to item 2.

A. Registration Number: LA 257
B. Date of initial registration: 1/18/06
C. Date registration expires (expired): 12/31/06
D. Basis for registration:
- x Written Examination
- ____ Oral Examination
- x CLARB ~~Certification~~ (CLARB RECORD) WE REQUIRE RECORD
- ____ Reciprocity/comity with the state/province of ____
- ____ Practice in the state/province at the time of passage of the registration law
- ____ Other (Please attach explanation)

☒ Yes ☐ No 2. Has the individual completed any written examination for your board?
If yes, please indicate the exams completed. If no, please skip to Item 3.

SECTIONS C, D, E CLARB L.A.R.E. given and graded in accordance with CLARB standards (OTHERS BY C/L.A.R.E)
- ____ CLARB UNE given and graded in accordance with CLARB standards
- ____ CLARB UNE with the grades modified by the Board or otherwise not given in accordance with CLARB standards
- ____ State written exam

☐ Yes ☒ No 3. Does the individual have derogatory information on file with your board or has the registration of the individual ever been suspended, revoked or denied? *(If yes, please explain on an attached sheet.)*

I Sandra Weaver hereby certify that the information given on this form accurately reflects the records of the state/province of Nebraska

Signature: Sandra Weaver Date: 6/13/06 Title: Administrative Assistant

Licensed Landsca Architects in the State of Nebras as of - 12/27/2011

LA 158 **Wells**; Gary
LINCOLN, NE 68510

LA 162 **Wells**; Mary Anne
LINCOLN, NE 68510

LA 255 **Wencel**; Grant
BEND, OR 97701

LA 232 **Wiebe**; Richard
SIOUX FALLS, SD 57104

LA 237 **Wike**; James
LINCOLN, NE 68502

LA 279 **Wilensky**; Steven
DENVER, CO 80202

LA 047 **Wille**; Dale
SPRING VALLEY, MN 55975

LA 230 **Williams**; John
LINCOLN, NE 68512

LA 257 **Wilson**; Joseph
DENVER, CO 80224

LA 286 **Winslow**; Stephen
OLATHE, KS 66061

LA 049 **Wolbrink**; Donald
HONOLULU, HI 96813

LA 240 **Wood**; Christopher
NASHVILLE, TN 37219

LA 189 **Woodard**; James
LINCOLN, NE 68506

LA 118 **Worthington**; Carl
BOULDER, CO 80302

LA 003 **Wozniak**; Richard
MADISON, NE 68748

LA 126 **Wyatt**; Lee
CHEYENNE, WY 82001

LA 140 **Wyss**; Patrick
RAPID CITY, SD 57701

LA 295 **Young**; Bradley
PLATTSMOUTH, NE 68048

LA 021 **Zaiger**; Dale
LINCOLN, NE 68516

LA 084 **Zion**; Robert
NEW YORK, NY

LA 209 **Zwick**; Keith
ALLIANCE, NE 69301

Detail

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Wilson, Joseph Lockhart, IV
Profession Name:	Landscape Architect
Address:	2767 W. Riverwalk Cir., Unit S
Address Con't:	
City, State Zip:	Littleton, CO 80123
County:	Unknown/Out of State
Practitioner DBA Name:	
Certification Type:	
Classification:	
Licensee Number:	2009012848
Original Issue Date:	5/26/2009
Expiration Date:	12/31/2011

Discipline information is not being listed for this profession. You may contact the board directly to obtain discipline information.

Missouri Division of Professional Registration
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
573.751.0293 Telephone
800.735.2966 TTY
800.735.2466 Voice Relay
profreg@pr.mo.gov
http://pr.mo.gov/

Academic Transcript

K·STATE Kansas State University

1 2989 BLA

UNIVERSITY REGISTRAR
MANHATTAN, KS

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NOTE: SEE REVERSE SIDE FOR EXPLANAT'

REGISTRAR'S OFFICE — UNIVERSITY REGISTRAR

STUDENT NAME	STUDENT NUMBER
WILSON, JOSEPH L	507 21 1675

HIGH SCHOOL	BIRTH DATE	BIRTH PLACE	DATE PREPARED	PAGE
MILLARD SOUTH HIGH S NE	10/17/75		01/02/03	1

PERMANENT ADDRESS	COLLEGE	CURRICULUM (SUB/DUAL/OPTION/MINOR)
14717 M ST OMAHA NE 68137	0895 AR	LANDSCAPE ARCHITECTURE

COURSE	TITLE	LEVEL	HOURS	GRADE	POINTS
FALL 94					
DSFN 201	ENV DES STUDIO 1	UG	4	A	16
DSFN 203	SURVEY DES PROF 1	UG	1	A	4
ENGL 100	EXPOSITORY WRITING 1	UG	3	B	9
ENVD 250	HIST DESGN ENVIRON 1	UG	3	B	9
ENVD 299	PRB/ENV DES	UG	1	A	4
ENVD 299	PRB/ACAD PERF ENHANC	UG	1	A	4
KIN 101	PRIN OF PHYS FITNESS	UG	1	C	2
MATH 205	GEN CALC & LINR ALG	UG	3	B	9
TERM- UG	17 3.353	57	TOTAL	CR/P -	0
SPRING 95					
DSFN 202	ENV DES STUDIO 2	UG	4	B	12
ENVD 251	HIST DESGN ENVIRON 2	UG	3	A	12
ENVD 299	PRB/ENV DES	UG	2	A	8
LAR 322	ENVIRON ETHIC/ISSUES	UG	3	C	6
PHYS 115	DESCRIPTIVE PHYSICS	UG	4	B	12
PHYS 460	TOP/DESC PHYSICS	UG	1	B	3
TERM- UG	17 3.118	53	TOTAL	CR/P -	0
FALL 95					
BIOL 210	GENERAL BOTANY	UG	4	B	12
ENVD 299	PRB/LEADERSHIP	UG	1	A	4
HORT 374	WOODY PL MATERIALS I	UG	3	B	9
LAR 220	LAR DSGN STUDIO 1	UG	4	B	12
LAR 248	BUILDING SCIENCE	UG	3	A	12
LAR 310	DSGN GRAPH/VIS THINK	UG	3	B	9
TERM- UG	18 3.222	58	TOTAL	CR/P -	0
SPRING 96					
CE 212	ELEM SURVEY ENGG	UG	3	A	12
ENGL 200	EXPOSITORY WRITING 2	UG	3	B	9
ENVD 299	PRB/ENV DES	UG	2	A	8
HORT 375	WOODY PLNT MATRIL II	UG	3	A	12
LAR 320	LAR DSGN STUDIO 2	UG	4	A	16
SPCH 105	PUBLIC SPEAKING 1A	UG	2	B	6
TERM- UG	17 3.706	63	TOTAL	CR/P -	0
* * * SEMESTER ACADEMIC HONORS * * *					

* * CONTINUED * *

COURSE	TITLE	LEVEL	HOURS	GRADE	POINTS
FALL 96					
LAR 410	LAR DSGN STUDIO 3	UG	4	B	12
LAR 420	PLANTING DESIGN	UG	4	B	12
LAR 433	HIST/THEORY LAND DES	UG	3	B	9
LAR 438	LAND CONSTRUCTION 1	UG	4	B	12
TERM- UG	15 3.000	45	TOTAL	CR/P -	0
SPRING 97					
FOR 285	INTRO TO FORESTRY	UG	3	C	6
LAR 439	LAND CONSTRUCTION 2	UG	4	B	12
LAR 442	LAR DSGN STUDIO 4	UG	4	B	12
LAR 444	INTERN/ADV PLAN SEM	UG	1	A	4
LAR 460	MICRO/APPLIC LA 1	UG	3	A	12
TERM- UG	15 3.067	46	TOTAL	CR/P -	0
FALL 97					
ARCH 350	HIST DESIGN ENVIR 3	UG	3	B	9
LAR 645	PROF INTERNSHIP	UG	1	CR	0
LAR 646	LAR DESIGN STUDIO 5	UG	4	A	16
LAR 647	LAND CONSTRUCTION 3	UG	4	B	12
MANGT390	BUSINESS LAW 1	UG	3	C	6
PLAN 315	INTRO TO PLANNING	UG	3	B	9
TERM- UG	17 3.059	52	TOTAL	CR/P -	1
SPRING 98					
ENGL 516	WRIT COMM SCIENCES	UG	3	B	9
FINAN552	REAL ESTATE	UG	3	B	9
LAR 635	GOLF COURSE/PLAN/DSG	UG	3	A	12
LAR 648	LAR DESIGN STUDIO 6	UG	4	B	12
LAR 744	COMMUNITY SITE PLAN	UG	4	A	16
RRES 440	OUTDOOR RECREATN POL	UG	3	B	9
TERM- UG	20 3.350	67	TOTAL	CR/P -	0
FALL 98					
HORT 515	TURF MANAGEMENT	UG	3	B	9
LAR 501	SEM/LANDSCAPE ARCH 1	UG	2	A	8
LAR 703	LAR DSGN STUDIO 7	UG	5	A	20
LAR 735	ADV GOLF CRS/PLN/DSG	UG	3	C	6

3

* * CONTINUED NEXT PAGE * *

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PERMANENT ADDRESS	COLLEGE	CURRICULUM	(SUB/DUAL/OPTION/MINOR)
14717 M ST OMAHA NE 68137	0895 AR	LANDSCAPE ARCHITECTURE	

COURSE	TITLE	LEVEL	HOURS	GRADE	POINTS
FALL 98	(CONTINUED)				
RRES 575	MNGT WATER RES LEIS	UG	3	B	9
	TERM- UG 16 3.250 52		TOTAL	CR/P -	0
SPRING 99					
LAR 502	SEM/LANDSCAPE ARCH 2	UG	2	B	6
LAR 704	LAR DSGN STUDIO 8	UG	5	A	20
LAR 745	PROFESSIONAL PRACTIC	UG	3	B	9
THTRE261	FUNDAMENTALS ACTING	UG	3	B	9
	TERM- UG 13 3.385 44		TOTAL	CR/P -	0

****

05/99 DEGREE RECEIVED
BACHELOR OF LANDSCAPE
ARCHITECTURE

MAJOR
LANDSCAPE ARCHITECTURE

****

CUM GPA UG 165 3.255 537 TOTAL CR/P - 1

* * * * END OF RECORD * * * *