Nevada State Board of Landscape Architecture (NSBLA)

Application for Professional Registration - Personal Information

Applicant Information

Please provide the information below.

First Name*	Middle Name	Last Name*	Suffix	Title*
Justin	Buhay	Ocampo		Mr.

Social Security Number*	Date of Birth*	Place of Birth*
[redacted]	05[redacted]	Las Vegas

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

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

Contact Information

Residence Address*

7197 Steeple Ridge Drive

City*	State*	Zip Code*	County*
Las Vegas	NV	89147	Clark

Home Telephone*	Cell Telephone	Country*
702-635-1950	999-999-9999	United States

Primary Email

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

Primary Email Address*

ocampo.justin@gmail.com

Business Information

Business Name*

Attanasio Landscape Architecture

Address*

1140 North Town Center Drive, Suite 265

City*	State*	ZIP Code*	County*
Las Vegas	NV	89144	Clark

Phone Number*	Facsimile Number	Business Email*	Country*
702-635-1950	999-999-9999	justino@ala-lv.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***

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Application for Professional Registration - 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.*

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.*

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Application for Professional Registration - Legal Questions

Legal Questions

If the answer to any of the following questions is "yes" documentation will be required to be uploaded.

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***

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Application for Professional Registration - Employment

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*

Attanasio Landscape Architecture

Address*

1140 North Town Center Drive

City*	State*	ZIP Code*
Las Vegas	NV	89144

Title of Position Held*	Duties Performed*	Dates of Employment*
Project Designer	Assist with Project Design/Admin	10/17/17 to Present

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

DD/CD Drawing Preparation, Design/Modeling, Client Meetings

Select the Add button for additional employer information.

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Application for Professional Registration - 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*

Chris Attanasio

Nature of Relationship*

Principal

Address*

1140 North Town Center Drive

City*

Las Vegas

State*

NV

ZIP Code*

89144

Landscape Architect Reference #2

Name of Landscape Architect*

Jennifer Margison

Nature of Relationship*

Colleague

Address*

1140 North Town Center Drive

City*

Las Vegas

State*

NV

ZIP Code*

89144

Professional Reference #1

Name of Professional Reference*

Amy Cordes

Nature of Relationship*

Project Architect on Project

Address*

2360 Corporate Circle Suite 435

City* | **State*** | **ZIP Code***

Henderson | NV | 89074

Professional Reference #2

Name of Professional Reference* | **Nature of Relationship***

Anne Winters | Project Interior Architect on Project

Address*

3330 West Desert Inn Road

City* | **State*** | **ZIP Code***

Las Vegas | NV | 89102

Nevada State Board of Landscape Architecture (NSBLA)

Application for Professional Registration - 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*

University of Nevada, Las Vegas

Graduation Date*

05/2013

Address*

4505 South Maryland Parkway

City*

Las Vegas

State*

NV

ZIP Code*

89154

Degree Received*

Bachelor Degree

Major*

Landscape Architecture

Dates Attended*

2008-2013

Select the Add button for additional education information.

Nevada State Board of Landscape Architecture (NSBLA)

Application for Professional Registration - 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)

nvbla.jpg

Nevada State Board of Landscape Architecture (NSBLA)

Application for Professional Registration - Receipt

Receipt

Your confirmation number is 58976.

Name: Justin Ocampo

Total: [redacted]

Card: [redacted]

Date/Time: 6/24/2024 8:06:39 PM

Application Number: 2024-42

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.

UNIFORM APPLICATION

Below are the comprehensive details of the applicant's history as verified by CLARB. The information is not an evaluation of the record against CLARB's Standards of Eligibility for Council Certification.

APPLICANT DETAILS

Name:	Justin Buhay Ocampo	**Military Status:**	N/A
Address:	7197 Steeple Ridge Dr. 7197 Steeple Ridge Dr. Las Vegas, NV 89147	**Candidate ID:**	OCAM99541
		Council Record #:	44269
Phone:	702-635-1950	**Council Record Status:**	EMERGING
Email:	ocampo.justin@gmail.com		

EDUCATION DETAILS VERIFIED

Degree Type:	Bachelor	**Category:**			
Institution Name:	University of Nevada, Las Vegas				
Graduation Date:		**Verified By:**		**Title:**	**Date Verified:**

EXAMINATION DETAILS VERIFIED

The applicant Justin Buhay Ocampo has completed the examination for licensure.

Examination Section:	Date Passed/Credit Achieve:
Exam 1	04/17/2021
Exam 2	08/15/2021
Exam 3	08/19/2022
Exam 4	08/14/2023

REGISTRATION DETAILS VERIFIED

DISCIPLINARY ACTION VERIFIED

SELF-REPORTED REGISTRATION DETAILS

WORK EXPERIENCE DETAILS VERIFIED

Employer:	Experience Evaluation Category:	Duration	Supervisors Status:	Competencies (Prof./Tech.)
Attanasio Landscape Architecture 10/17/2017-9/12/2023 Full Time	Landscape Architecture	5 Years, 11 Months	Landscape Architect	Excellent/Excellent

Supervisor's Name: Christopher Attanasio **Direct Supervisor:** Yes **Hours:** 40+

Supervisor's Licensure Information:

Jurisdiction	Initial Registration Date	Expiration Date	Registration Number
NV - Nevada	01/01/1994	06/30/2024	460

Skills:

Project and Construction Management
Inventory and Analysis
Site Design
Grading, Drainage and Construction Documentation
Planting Design

Technical Comptenence Explanation: Excellent

Professional Conduct: Excellent

Verified By: Christopher Attanasio **Date Verified:** 10/23/2023

****Unverifiable**

Employer:	Experience Evaluation Category:	Duration	Supervisors Status:	Competencies (Prof./Tech.)
*Unverifiable Alpha Landscapes, LLC 3/5/2014-9/1/2015 Full Time		1 Years, 6 Months	Landscape Architect	/

Supervisor's Name: Carl Kuhns **Direct Supervisor:** **Hours:** 40

Supervisor's Licensure Information:

Jurisdiction	Initial Registration Date	Expiration Date	Registration Number

Skills:

Project and Construction Management
Inventory and Analysis
Site Design
Grading, Drainage and Construction Documentation
Planting Design

Technical Comptenence Explanation:

Professional Conduct:

Verified By: Carl Kuhns **Date Verified:**

****Unverifiable**

Employer:	Experience Evaluation Category:	Duration	Supervisors Status:	Competencies (Prof./Tech.)
*Unverifiable 5/11/2013-3/4/2014 Unemployed		0 Years, 10 Months		/

Supervisor's Name: **Direct Supervisor:** **Hours:**

Supervisor's Licensure Information:

Jurisdiction	Initial Registration Date	Expiration Date	Registration Number

Skills:

Technical Comptenence Explanation:

Professional Conduct: