

5. That by signing this Affidavit, I acknowledge and agree that if I practice landscape architecture in the State of Wisconsin during the biennial period noted in paragraph 3 without first complying with the continuing education requirements, such practice shall be considered conduct imperiling the safety, health and welfare of the public and can serve as the basis for **immediate suspension** of my credential, and may further subject me to additional discipline, including revocation of registration pursuant to Wis. Stat. s. 443.11 and penalties pursuant to Wis. Stat. s. 443.18

Signature of Affiant

Name of Affiant

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public

_____ County, State of _____

My commission: _____

-----**FOR DEPARTMENT USE ONLY**-----

Approved by: _____
Member of the board or authorized designee

Date: _____