

Board of Governor of The Licensed Architects, Landscape Architects and Interior Designers

P.O. Box 53430, OKC, OK 73152

Name _____

Date _____

Applicant's Current Address _____

Is/Was Employed with the Firm of _____

Address of Firm _____

Which Rendered those Services Indicated by an "X" Architecture Engineering Landscape Architecture Planning Construction Other (Explain on Separate Sheet) Furnishing Equipment or Fixtures Construction Management

Position of Supervisor Registered Architect Landscape Architect Registered Engineer or Planner Other If Other, Please Explain

| Dates of Employment | | | | | | Length of Time | | | Check Appropriate Experiences in Hours | | | | | | | | | | | | | | |
|---------------------|-------|------|-----|-------|--------|----------------|---------------------------------|--------------------|--|--|----------------------------------|-----------------|-----------------|-----------------------|-----------------------------|---------------------|---------------------------|-------------------|--|--|--|--|--|
| | | | | | | Full Time | Part Time (Less than 35 Hrs/Wk) | In the Position Of | | General Practice of Landscape Architecture | | | | | | | | | | | | | |
| | | | | | | | | Employee | Other (Explain) | Programming-Client Contact | Site & Environ. Schematic Design | Cost Estimating | Research Design | Development Documents | Checking Bidding & Contract | Contr. Phase-Office | Constr. Phase-Observation | Office Procedures | | | | | |
| From | To | | ✓ | ✓ | Hrs/Wk | | | | | | | | | | | | | | | | | | |
| Day | Month | Year | Day | Month | Year | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

Applicant's Authorization and Release – This release must be signed before sending this form to Employer.

I hereby authorize the Board of Governors of the Licensed Architects and Landscape Architects of Oklahoma to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of Governors of the Licensed Architects and Landscape Architects of Oklahoma by the reference.

Signed _____ Date _____

Applicant Complete Above this Line

The above person has made application to this Board for a license to practice landscape architecture in the State of Oklahoma. He has given your name as a reference and as one who knows his work, ability, reputation and personal character.

We request your assistance in completing this form, with sincere and conscientious consideration of the need for objective appraisal of the applicant's ability and his potential to practice landscape architecture.

- A. The dates of Employment as shown above are correct. Yes No If no, please clarify
- B. The applicant worked under the direct supervision of individuals indicated. Yes No If no, please clarify
- C. The experiences checked by the applicant for the dates of employment shown are correct. Yes No If no, please clarify
- D. Please indicate, to the best of your knowledge, the applicant's ability in the experiences indicated above by placing an "X" in the appropriate spaces below. If "Unsatisfactory" box is checked please submit a letter of explanation with this form.

| | | Excellent | Satisfactory | Marginal | Unsatisfactory | Not Qualified to Answer |
|---------------------|------------------------|-----------|--------------|----------|----------------|-------------------------|
| Engineer or Planner | Technical Competence | | | | | |
| | Professional Integrity | | | | | |

(Person supplying information above, please complete the following relative to yourself. Please type.)

Name of Person Completing this half form _____

Jurisdiction(s)/Dates(s) of Registration(s) and Type of Registration _____

Position in above firm _____

Name of Current Firm _____

Position in Current Firm _____

Signature _____

Date _____