



220 N.E. 28th Street, Suite 150  
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## Work Reference—Architect

Applicant Name:

Employer Name:

Employer Address:

Employer Phone:

Website:

Services Offered:

Architecture	Engineering	Construction Management	Landscape Architecture
Educator	Construction	Planning	Other _____

Your Title:

Responsibilities while employed:

Practice Management	Project Management	Programming & Analysis
Project Planning & Design	Construction & Evaluation	Project Development & Documentation

Dates of Employment (mm/dd/yyyy)      From      To

Average hours worked per week:

Total hours of experience at this employment:

### Applicant's Authorization and Release:

I hereby authorize the Board of Governors of the Licensed Architects, Landscape Architects and Registered Commercial Interior Designers of Oklahoma to make inquiries of the person listed as a supervisor on this form with respect to my background and experience. I release the reference from any and all claims, including claims for libel and slander, which may arise out of any communication with the Board.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Applicant, please complete this entire page before sending to your reference/supervisor.)



**Page 2 to be completed only by a direct supervisor**

Applicant Name:

Supervisor Name:

Firm Name:

Firm Address:

Phone:

Email:

State(s)/Jurisdiction(s) of Architecture License(s) & License Number(s):

Is all of the information the applicant provided on page 1 correct?                      Yes                      No

If no, please explain.

Please indicate, to the best of your knowledge, the applicant's ability in the experiences indicated above by placing an "X" in the appropriate box. If "Unsatisfactory" box is checked, please submit a letter of explanation with this form.

**Excellent      Satisfactory      Marginal      Unsatisfactory      Not Qualified to Answer**

**Technical Competence**

**Professional Integrity**

Signed \_\_\_\_\_

Date \_\_\_\_\_