

**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)  Interior Design  Construction Management

Position of Supervisor  Architect  Landscape Architect  Engineer or Planner  
 Interior Designer 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 Interior Design |                            |                  |                         |               |                    |                    |               |       |  |  |
|                     |       |      |     |       |      |                | ✓                               | ✓ | Hrs/Wk                                 | Employee | Other (Explain)                     | Programming-Client Contact | Schematic Design | Contract Administration | Code Research | Design Development | Contract Documents | Prof Practice | Other |  |  |
| 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, Landscape Architects and Interior Designers 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 Architects and Interior Designers by the reference.

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

**Applicant Complete Above this Line**

The above person has made application to this Board for a registration as an interior designer in the State of Oklahoma. He/she 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 interior design.

- 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 |
|------------------------|-----------|--------------|----------|----------------|-------------------------|
| 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 \_\_\_\_\_