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 then 35 Hrs/Wk)		In the Position Of		General Practice of Landscape Architecture										
From			To			✓	✓	Hrs/Wk	Employee	Other (Explain)	Programming-Client Contact	Site & Environ.	Schematic Design	Cost Estimating	Code Research	Design Development	Documents Checking	Bidding & Contract	Contr. Phase-Office	Constr. Phase-Observation	Office Procedures
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 f 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.

Engineer or Planner	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 _____