



ARCHITECT - VERIFICATION OF EMPLOYMENT AND REFERENCE

State Form 44668 (R5 / 2-13)

PROFESSIONAL LICENSING AGENCY
INDIANA STATE BOARD OF
REGISTRATION FOR ARCHITECTS
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: 317-234-3022
E-mail: pla10@pla.IN.gov

- INSTRUCTIONS:**
1. Please type or print legibly.
 2. Please complete each numbered or lettered item. Incomplete forms will be returned.
 3. All applicants complete the top half of form. A qualified individual must complete the bottom portion of form.
 4. Please do not detach these forms.

APPLICANT COMPLETE

1. Name of applicant

2. Current address (number and street, city, state, and ZIP code)

3. Was / Is employed by the firm:

4. Address of firm (number and street, city, state, and ZIP code)

| 5. DATES OF EMPLOYMENT | | 6. LENGTH OF TIME | | 7. STATUS (Check one) | | | | 8. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY | | | | | | | | | | | | | | | | |
|------------------------|-----|-------------------|----|-----------------------|--|---------|----------------|---|-----------------|-------------|-------------------------------|------------------|------------------------|---------------|--------------------|------------------------|----------------------------|------------------------------|--------------------|-----------------------------|----------------------------------|-------------------|-------------------|-----|
| FROM | | TO | | FULL-TIME ✓ | PART-TIME (Less than 35 hours per week) HOURS/WEEK | PARTNER | CORP. DIRECTOR | EMPLOYEE | OTHER (EXPLAIN) | PROGRAMMING | SITE & ENVIRONMENTAL ANALYSIS | SCHEMATIC DESIGN | BUILDING COST ANALYSIS | CODE RESEARCH | DESIGN DEVELOPMENT | CONSTRUCTION DOCUMENTS | SPECS & MATERIALS RESEARCH | DOC. CHECKING & COORDINATION | BIDDING PROCEDURES | CONSTRUCTION PHASE - OFFICE | CONSTRUCTION PHASE - OBSERVATION | OFFICE PROCEDURES | TEACHING/RESEARCH | |
| MO | DAY | YR | MO | | | | | | | | | | | | | | | | | | | | | DAY |
| | | | | | | | | | | | | | | | | | | | | | | | | |

9. Does the firm or an affiliate of the firm engage in construction? Yes No

10. Indicate services rendered by the firm:

| | | |
|--|---|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Planning | <input type="checkbox"/> Landscape Architect |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Interior Design / Contract Interiors | <input type="checkbox"/> Other (explain on separate sheet) |
| <input type="checkbox"/> Real Estate Development | <input type="checkbox"/> Construction Management | |

11. Position of supervisor

| | | |
|---|--|--|
| <input type="checkbox"/> Registered Architect | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Planner |
| <input type="checkbox"/> Registered Engineer | <input type="checkbox"/> Interior Designer | <input type="checkbox"/> Other (explain on separate sheet) |

APPLICANT'S AUTHORIZATION AND RELEASE (This release must be signed before sending the form for completion below)

I hereby authorize the BOARD to make inquiries of the person listed below with respect to my background and character. I invite full and complete response to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the BOARD.

12. Signature of applicant

13. Date signed (month, day, year)

SPONSOR COMPLETE

This portion of the form must be completed by applicant's employer / supervisor at the referenced firm. Applicants must have this portion completed by their sponsor at the referenced firm.

A. Are the dates of employment as shown in item 5 correct? Yes No If No, please clarify:

B. Has the applicant worked under the direct supervision of the individual indicated in item 11 above? Yes No If No, please clarify:

C. Are the experiences shown by the applicant in item 8 above correct? Yes No If No, please clarify:

D. Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate spaces below. If unsatisfactory box is checked for technical competence or professional conduct, please submit a letter of explanation with this form.

| | E. ON LATEST DATE OF EMPLOYMENT | | | | | F. ON DATE OF THIS REPLY | | | | |
|----------------------|---------------------------------|---------------|----------|-----------------|---------|--------------------------|---------------|----------|-----------------|---------|
| | EXCELLENT | SATIS-FACTORY | MARGINAL | UNSATIS-FACTORY | UNKNOWN | EXCELLENT | SATIS-FACTORY | MARGINAL | UNSATIS-FACTORY | UNKNOWN |
| TECHNICAL COMPETENCE | | | | | | | | | | |
| PROFESSIONAL CONDUCT | | | | | | | | | | |

G. Name of person completing this half of form

H. Year(s)/state(s) of professional registration(s) (If none, indicate N/A)

I. Position in firm named in item 3 above (or relationship to firm)

J. Name of current firm

Address of current firm (number and street, city, state, and ZIP code)

K. Position in current firm

L. Signature of sponsor

M. Date signed (month, day, year)