

INDIANA LANDSCAPE ARCHITECT REFERENCE

State Form 44670 (R / 11-99)

NOTE: Please complete each lettered or numbered item. Incomplete forms will be returned.

| APPLICANT COMPLETE THIS SECTION | | | | | | |
|--|---------------------|---------------------------|---------------------------|--|--------------------------------|----------------------------|
| 1. Indiana file number | 2. Name of app | | | | | |
| 3. Name of reference | | | | | | |
| Address of reference (number and street, city, s | state, ZIP code) | | | | | |
| 4. Have you and the reference source attended a | rchitectural scho | ool together? | | | | |
| ☐ Yes ☐ No | | | | | | |
| If Yes, give dates attended: | Name of school | | | | | |
| 5. Have you been employed in the same firm? | ☐ Yes | ☐ No | | | | |
| IF YES, PLEASE SUPPLY THE FOLLOWING INFORMATION: | | 6. FIRST EMPLOYN | ЛЕNT | 7. SUBSEQUENT EMPLOYMENTS | | |
| DATES: FROM - TO | | | | | | |
| NAME OF FIRM | | | | | | |
| LOCATION (city, state) | | | | | | |
| APPLICANT'S POSITION | | | | | | |
| REFERENCE'S POSITION | | | | | | |
| 8. If answers to items 4 and 5 are "No", how is it to | that you know th | e reference? | | 1 | | |
| APPLICANT'S AUTHO | RIZATION AN | D RELEASE (MUS | T BE SIGNED BEFOR | RE SENDING FOR | 'M TO REFERENCE) | |
| I hereby authorize the Board to make inq response to all inquiries. I release the refunding any information to the Board. | | | | | | |
| 9. Signature of applicant | | | | 10. Date signed | | |
| | | REFEREN | CE COMPLETE | | | |
| A. Is the above information correct as stated? | | | | | | |
| Yes No (if No, please explain) | | | | | | |
| B. To the best of your knowledge, has the applicant ever practiced architecture as a principal? If Yes, how longer Yes No | | | | g? (Use additional sheets to explain any special circumstances) _ Years Months | | |
| C. Please indicate, to your knowledge, the application of the control of the cont | ant's ability to pr | actice architecture by p | placing an "X" in the app | propriate spaces be | low. If "Unsatisfactory" box i | s checked for |
| "Technical Competence" or "Professional Cond | iuct , piease sub | omit a letter of explanat | on with this form. | | | |
| | | EXCELLENT | SATISFACTORY | MARGINAL | UNSATISFACTORY | NOT QUALIFIED TO ANSWER |
| D. TECHNICAL COMPETENCE | | | | | | |
| E. PROFESSIONAL CONDUCT | | | | | | |
| Person supplying information above, please | e complete the | e following relative to | yourself. Please typ | oe. | | |
| F. Name of person completing this reference: | | | | | | |
| G. Jurisdiction (state) of first architectural registration | | | | H. Year of registration | | |
| I. Name of current firm | | | | J. Position in firm | | |
| K. Signature of reference | | | | L. Date | | |