

STATE ARCHITECTS LICENSURE BOARD

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COURIER: 2601 N. THIRD STREET
 HARRISBURG, PA 17110
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REFERENCE FORM

APPLICANT NAME: _____ has listed you as a reference on an architect licensure application.

Please provide the following information: *type or print clearly*

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ YEARS _____ MONTHS
WAS THE APPLICANT IN YOUR EMPLOY? <input type="checkbox"/> YES FROM: ____/____/____ TO ____/____/____ <input type="checkbox"/> NO EXPLAIN YOUR PROFESSIONAL ASSOCIATION AND AFFILIATION IN ORDER TO CRITIQUE APPLICANT'S PROFESSIONAL COMPETENCY, ON REVERSE SIDE.
IN YOUR OPINION, DO YOU BELIEVE THE APPLICANT TO BE OF GOOD MORAL CHARACTER? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN

Do you believe the applicant to be qualified to practice architecture? YES NO

Check Applicant's employment activities:

GENERAL DRAFTING	GENERAL DESIGN	STRUCTURAL DESIGN
ELECTRICAL SYSTEMS	ADMINISTRATION	INSPECTION OF CONSTRUCTION
DETAILING	DECORATIVE DESIGN	MECHANICAL SYSTEMS
SPECIFICATION WRITING	COST ANALYSIS	RENDERINGS/PERSPECTIVE

Check your opinion of the Applicant's competency:

TECHNICAL KNOWLEDGE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
PROFESSIONAL EXPERIENCE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
YOUR NAME			
FIRM NAME			
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
ARCHITECT LICENSE # AND STATE	LICENSE #	STATE	

Affix your professional seal in this area and return this form directly to the address listed above at your earliest convenience.