

## REFERENCE INFORMATION FORM

(Applicant should duplicate this form for each individual who provides a reference.)

**To be completed by the Reference.** The Reference is to mail the completed form **DIRECTLY TO THE BOARD** at the following address:

State Board of Landscape Architects  
 P.O. Box 2649  
 Harrisburg, PA 17105-2649

BLACK INK ONLY

DO NOT SEND TO APPLICANT

<b>Applicant's Name:</b>																
<b>1. Name of Reference:</b>			LAST				FIRST				MI					
<b>2. Address:</b>																
<b>3. Business Phone (8 AM - 5 PM):</b>						-					-				Ext.:	
<b>4. E-Mail Address:</b>																
<b>5. What is your present business or profession:</b>																
<b>6. Which license(s) do you currently hold?</b>										<b>License #</b>						
<input type="checkbox"/> Landscape Architect <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Land Surveyor										State: <input type="text"/>						
<b>7. How long have you known the applicant?</b>						From _____ to _____ inclusive.										
						Total: <input type="text"/> Years <input type="text"/> Months										
<b>8. Was the applicant in your employ?</b>						If "yes", from _____ to _____ inclusive.										
Yes      No																
<b>9. Are you in any way related to applicant?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>10. Do you know of anything reflecting adversely on the integrity or general good character of the applicant?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   If "Yes", please explain:																
<b>11. Indicate the employment activities of the applicant on the following list:</b>																
<input type="checkbox"/> General Design				<input type="checkbox"/> Planting Plans				<input type="checkbox"/> Consultation								
<input type="checkbox"/> General Drafting				<input type="checkbox"/> Specification Writing				<input type="checkbox"/> Administration								
<input type="checkbox"/> Construction Details				<input type="checkbox"/> Cost Estimating				<input type="checkbox"/> Teaching								
<input type="checkbox"/> Grading Plans				<input type="checkbox"/> Rendering/Perspective				<input type="checkbox"/> Supervision of Construction/ Planting								
<b>12. Indicate your opinion of the applicant's competency in the following areas?</b>																
a. Technical Knowledge:			<input type="checkbox"/> Excellent			<input type="checkbox"/> Satisfactory			<input type="checkbox"/> Unsatisfactory							
b. Professional Experience:			<input type="checkbox"/> Excellent			<input type="checkbox"/> Satisfactory			<input type="checkbox"/> Unsatisfactory							
c. Professional Reputation:			<input type="checkbox"/> Excellent			<input type="checkbox"/> Satisfactory			<input type="checkbox"/> Unsatisfactory							
<b>13. Do you recommend the applicant for licensure as a Landscape Architect?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Please explain:</b>																
The undersigned certifies to the accuracy of the above statements and understands that any false statements made are subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsifications to authorities).																
<b>Signature:</b>						<b>Date:</b>										
<b>MAIL DIRECTLY TO BOARD OFFICE</b>																