

REFERENCE INFORMATION FORM

To be completed by the Reference. Reference Information Forms must be sent directly from the reference to the Board by email.

Email Address: st-landscape@pa.gov

DO NOT RETURN TO APPLICANT

Applicant's Name:											
1. Name of Reference:			LAST				FIRST				MI
2. Address:											
3. Phone Number:								-	-	Ext.:	
4. E-Mail Address:											
5. What is your present business or profession:											
6. Which license(s) do you currently hold?									License #:		
<input type="checkbox"/> Landscape Architect <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Land Surveyor									State:		
7. How long have you known the applicant?						From _____ to _____ inclusive. Do not use the word "present"- indicate date range.					
8. Was the applicant in your employ?						If "yes", from _____ to _____ inclusive. Do not use the word "present"- indicate date range.					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
9. Are you in any way related to applicant?						<input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Do you know of anything reflecting adversely on the integrity or general good character of the applicant?											
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide a detailed explanation below (use a separate page if necessary):											
11. Indicate the employment activities of the applicant on the following list:											
<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			
12. Indicate your opinion of the applicant's competency in the following areas?											
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		
13. Do you recommend the applicant for licensure as a Landscape Architect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide a detailed explanation below (use a separate page if necessary):											
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).											
Signature:						Date:					