



PRELIMINARY - PENDING APPROVAL
 Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
LANDSCAPE ARCHITECT REFERENCE FORM

Applicant: Complete items #1 through #5 then forward this form to the **licensed landscape architect** serving as your reference. The individual providing this reference must have known you within the last five years (from the date of this application) and for at least **one year**.
Three references are required.

Reference: Complete items #6 through #17. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail it directly to the Board at the address above. Your prompt response is appreciated.

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address (PO Box accepted)

City State Zip Code

4. Contact Numbers

Primary Telephone Alternate Telephone

5. Applicant's Signature _____

Date _____

REFERENCE SECTION

This reference can only be completed by a licensed landscape architect who has personal knowledge of the applicant's competence and integrity relative to his landscape architectural experience.

6. Reference Name

First (required) Middle Last (required) Generation

7. Reference's Mailing Address

City State Zip Code

8. Reference's Contact Numbers

Primary Telephone Alternate Telephone

9. Reference's Email Address

(Email address will only be used for communication from the Board staff.)

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10. License Information State/Jurisdiction where you are currently licensed _____
License Number _____ Expiration Date _____

11. What is your business relationship to the applicant? _____

12. Have you known or been associated with the applicant within the last 5 years?
No
Yes If yes, have you known the applicant for at least one year? No Yes

13. In your opinion, is the applicant of good moral character?
No If no, give a brief description below:
Yes

14. Do you have any reservations regarding this applicant?
No
Yes If yes, give a brief description below:

15. What is the applicant's reputation in his/her chosen profession?

16. Additional Comments

17. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Reference's Signature _____ Date _____