Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506
www.dpor.virginia.gov
Board for



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects ARCHITECT REFERENCE FORM

Instru	uctions	S															
Applicant:		Comple	Complete items #1 through #3 then forward this form to the licensed architect serving as your architectural reference. All references must have known you for at least one year.														
Refer	rence:	the sea	ete items #4 through #13. E aled flap. Return it to the a at the address above. Your	applicant (for inc	clusio	on in	thei	ir ap _l						_	-		
1.	Appli	icant's Na	ame Last	First					<u></u>	Middle	e						neration
2.	Provi	ntification number	oers*:														
۷.			Security Number and/or		<u> </u>		٦.]_							
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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 occupa 							occupatio	on issued								
			nmonwealth to provide a social securit													933. ₁ .	
3.	Mailir	ng Addre															
	(PO	Box acce	•														
			City							S	State				Zip	Code	
4.	Refe	rence's N															
-1.	Noioi	CHOOSI	Last	First	First				Middle							Gen	eration
5.	State	e License	ed	License	License Number					Ехр. С					e		
6.	Mailir	ailing Address															
		3	<u> </u>														
	City								Zi	p Code							
7.	How	many ye	ears have you known the ap	plicant in an arch	nitec	tural	capa	acity′	? _								
8.									_								
· ·	Have you and the applicant been employed by the same firm? No							his/her									
	Ye	es 🗌	If yes, complete the follow	ing table:													
		<u>-</u>	7 . 1		First Association				Subsequ					uent	ent Association		
			Dates														
			Name of Firm or Employer														
			City, State, Zip Code														
			Applicant's Position														
			Reference's Position														

PRELIMINARY - PENDING APPROVAL

9.	In your judgment, has the applicant's work been of satisfactory quality and has the applicant exhibited good mora									
	character? No □									
	Yes									
10.	In your opinion, has the applicant been exposed to a variety of issues fou Elaborate on the involvement and experience upon which this opinion is bath	nd in the diversified practice of architecture?								
11.	What is the applicant's reputation in his/her chosen profession?									
12.	Additional Comments:									
13.	Signature	Date								