Architect Applicant
Employment and Experience Summary

WASHINGTON STATE DEPARTMENT OF LICENSING

The individual whose name appears below has applied for registration to the Washington State Board for Architects. As a former supervisor, the information you provide will be used to determine the applicant's eligibility for entrance into the exam process or for reciprocal registration. **Specific dates are important.**

Send this completed form to:

Washington State Board for Architects
Department of Licensing
PO Box 9012
Olympia, WA 98507-9012

20810-SUPPORTING

For questions or language help call: (360) 664-1388

Please check one:

☐ Board approved for examination ☐ Reciprocity

Employment verification

Applicant name	Former name *(if applicable)*

Address, City, State, ZIP code

Worked under my supervision at *(name of firm)*

From *(Month, Day, Year)*	To *(Month, Day, Year)*	Total months	Average hours per week

Check the following activities the applicant performed

☐ Programming client contact   ☐ Building cost analysis   ☐ Construction documents (graphic)
☐ Engineering systems coordination   ☐ Bidding and contract negotiations   ☐ Project management
☐ Site and environmental analysis   ☐ Code research   ☐ Office management
☐ Specifications and materials research   ☐ Construction (office)   ☐ Other: _____
☐ Schematic design   ☐ Design development
☐ Document checking and coordination   ☐ Construction (observation)

Describe roles and responsibilities

Verifier's information—To be completed by the experience verifier
The applicant listed on page 1 has applied to the Board for architect licensing. Your information will be used to determine their eligibility for licensure. If you are not licensed as an architect please attach a copy of your resume. Mail this completed form to the Board's office at the address shown on page 1.

Verifier name	Title
Verifier current organization	(Area code) Phone number
Organization address, City, State, ZIP code	
Comments	

Your state of licensure	License type	License number	Year of licensure

The Washington State Board for Architects requires that no person shall be eligible for registration as an architect who is not of good character and reputation. If you believe this applicant does not satisfy this requirement, please explain:

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____
TYPE or PRINT Name

X_____

_____
Date and place

Applicant signature