



## Landscape Architect Applicant Employment and Experience Verification

The person named below has applied for a landscape architect license. As a former supervisor, please provide information that will be used to determine the applicant's eligibility for examination or reciprocity. **Specific dates are important.**

Complete this form as soon as possible and send to:

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



For questions or language help call: (360) 664-1497

### Applicant

Type of license ( <i>Check one</i> ) <input type="checkbox"/> Board approval for examination <input type="checkbox"/> Reciprocity		
TYPE or PRINT Name ( <i>Last, First, Middle</i> )		Former name ( <i>if applicable</i> )
Mailing address		
City	State	ZIP code

### Verifier's information

Verifier's name		Title	
Current place of employment		(Area code) Phone number	
Address			
City		State	ZIP code
Current state of licensure	License type	License number	Year of licensure

### Experience verification

The applicant named above worked under my supervision at ( <i>name of company</i> ):			
From ( <i>month/year</i> )	To ( <i>month/year</i> )	Total months	Average hours per week
My professional relationship with applicant (employer, supervisor, coworker, other)			
Percentage of time performing the following activities			
_____ % Client relations	_____ % Working drawings	_____ % Inspection reports and change	
_____ % Site design and planning	_____ % Construction supervision	_____ % Contract administration	
_____ % Construction materials and methods	_____ % Specification writing	_____ % Office administration	
_____ % Plant selection and use	_____ % Cost estimating		
_____ % Coordination with consultants	_____ % Field inspections	_____ % Other _____	
Describe roles and responsibilities			

TYPE OR PRINT Verifier name

**X**

Verifier signature

Date