



North Carolina Board of Landscape Architects

Post Office Box 41225 • Raleigh, NC 27629-1225 • Telephone 919-850-9088 • Fax 919-872-1598
Email rmupton@bellsouth.net

CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT

The North Carolina Board of Landscape Architects will be presented an application for registration as a Landscape Architect from:

_____ (Applicant's Name)

who submits your name as reference.

The Landscape Architects law, Chapter 89A, is a practice act which regulates landscape architecture in North Carolina, thereby safeguarding life, health and property and a high professional standard. Please give complete accurate answers to the following questions. A prompt reply to the N.C. Board of landscape Architects at the above address will be appreciated.

A. ALL PERSONS PLEASE ANSWER SECTION A

1. How long have you known the applicant? _____
2. Was the applicant ever in your employ? _____
3. What do you know of the applicant's character? _____
4. Have you found the applicant to be: truthful _____
loyal _____ trustworthy _____ of good moral character _____
5. Did the applicant ever perform landscape architecture services for you?

(a) Was the applicant familiar with the various phases of the work? _____

(b) Was the work satisfactory? _____
(c) Would you again employ the applicant? _____
7. For additional comments or information see reverse side

B. LANDSCAPE ARCHITECTS ONLY, PLEASE ANSWER SECTION B

1. Was the applicant ever in your employ? If yes:
From _____ to _____
Mo/Yr Mo/Yr

If yes. Please indicate the applicant's activities by checking the following list:

- | | | |
|--|--|--|
| <input type="checkbox"/> General Design | <input type="checkbox"/> Planting Plans | <input type="checkbox"/> Land Use Planning |
| <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"/> Consultation |
| <input type="checkbox"/> Renderings, Perspective | <input type="checkbox"/> Grading Plans | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Supervise Construction | <input type="checkbox"/> Supervise Planting | <input type="checkbox"/> Recreation Planning |

(over please)

2. What is your opinion of the applicant's competency?

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Technical Knowledge	_____	_____	_____
Professional Experience	_____	_____	_____
Reputation in the Profession	_____	_____	_____

Name Typed: _____

Signature: _____

Title: _____

Firm: _____

Address: _____

City _____ State _____ Zip _____

Date _____

Check here if you are a Landscape Architect.