



## NORTH CAROLINA BOARD OF LANDSCAPE ARCHITECTS

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### CONFIDENTIAL REFERENCE FORM

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

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(Applicant's Name)

This individual has submitted an application bearing 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? \_\_\_\_\_
6. For additional comments or information you may attach additional pages.

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 |

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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

\*If you are a landscape architect, please affix your seal in the box.



*You may submit this form by email, mail, or fax.*