North Carolina Board of Landscape Architects

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Email: contact@ncbola.org • Web: www.ncbola.org

EMPLOYER VERIFICATION FORM

Re: _____ (name of applicant)

Dear Employer:

The individual listed above has applied to the North Carolina Board of Landscape Architects to become registered as a landscape architect under the provisions of Chapter 89-A of the General Statutes of North Carolina. You are listed as the current or former employer of the individual.

Please complete the form below pertaining to this individual. The information will be treated confidentially. The information is required for approval of the individual's application. Thank you for your assistance.

1. Was the applicant ever in the employment of your firm? Yes ( ) No ( )
2. Please give the dates of employment. From: _____ (Mo/Day/Year) To: _____ (Mo/Day/Year)
3. Give a brief description of duties and responsibilities.

_____

_____

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

[ ] General Design	[ ] Planting Plans	[ ] Land Use Planning
[ ] General Drafting	[ ] Specification Writing	[ ] Administration
[ ] Construction Details	[ ] Cost Estimating	[ ] Renderings, Perspective
[ ] Grading Plans	[ ] Supervise Construction	[ ] Consultation
[ ] Recreation Planning	[ ] Supervise Planting	[ ] Teaching

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

	Excellent	Satisfactory	Unsatisfactory
Technical Knowledge	_____	_____	_____
Professional Experience	_____	_____	_____
Reputation in the Profession	_____	_____	_____

6. Are you a registered Landscape Architect? Yes ( ) No ( ) If so, list state(s) and Registration Number.

STATE: _____ LICENSE/REGISTRATION NO.: _____

7. If you answered no, can you attest the applicant worked under a licensed professional? Yes ( ) No ( ) If so, list state and Registration number of licensed professional.

STATE: _____ LICENSE/REGISTRATION NO.: _____

Signature: _____ Date: _____

Name (please print or type): _____

Title: _____ Email Address: _____

Firm: _____

Address, City, State, Zip: _____

You may submit this form by email

Attach supplementary pages to provide additional information and/or comments, if necessary.