

STATE OF RHODE ISLAND

Bd. of Examiners of Landscape Architects

560 Jefferson Blvd, Suite 100 Warwick, RI 02886 (401) 889-5446 Email: dawne.broadfield@dbr.ri.gov

www.bdp.ri.gov

REFERENCE FORM

You have been requested to serve as a reference for an applicant for registration as a landscape architect in Rhode Island under the provisions of Chapter 51 of the General Statutes (1975, Title 5). Pertinent information concerning the applicant will be helpful to the Board of Examiners of Landscape Architects.

As a reference, you are familiar with or have knowledge of the applicant's ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his profession as well as your opinion of his professional competence and character. Your statement will be treated as confidential. **Please send this form directly to the Board at the above address.**

1.	Name of applicant:							
2.	Professional, business, or social relationship to applicant:							
	If employer, dates of employment:		From:					
				To:	Month/	Day	Year	
3.	Num	per of years you have known applicant:			Month/	Day	Year	
4.	Please evaluate the applicant in the categories of which you have personal knowledge:							
	a. Technical knowledge:							
	b. Professional experience:							
	c. Character with respect to honesty, integrity, and general conduct:							
5.	Do you consider the applicant qualified to become a professional practitioner?							
6.	Other	comments:						
	/ certify t t judgme	hat the information given above is correct to th nt.	ne best of my know	/ledge an	d belief and that t	he opinions	expressed at	oove represent
Print Na	ame				0.14			
Signatu	re		Address		City	State	e Zi	0
State of	Registra	ation License Number _						
Profess	ion					Profes	sional Stam	р