

## 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.	Profe	Professional, business, or social relationship to applicant:						
	If employer, dates of employment:		From:					
			To:	Month/	Day Y	ear		
3.	Num	ber of years you have known applicant:		Month/	Day Y	ear	-	
4.	Pleas	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.	Othe	r comments:					-	
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	by certify test judgme	that the information given above is correct to the nt.	e best of my knowledge	and belief and that	the opinions expr	essed above repr	esen	
Print N	Name		Address	City	State	7in		
Signat	ture		Audress	City	State	Zip		
State	of Registra	ation License Number _						
Profession					Professional Stamp			