



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
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Board of Architects

The applicant whose name appears on the second page is making application for licensure in Delaware. The Board is compiling a record of the applicant's professional qualifications.

Verification of the extent, diversity and quality of his/her practical training and experience is required. We request your assistance in filling out that part of the form below the heavy line on the reverse side of this letter with sincere and conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to practice architecture. The applicant has been instructed to supply the information above the heavy line.

This information is compiled for use of the Board. Unless required by a Court order, we do not divulge to the applicant any of the information contained therein.

We and the applicant will appreciate the completion and return of one copy.

Sincerely,

Delaware Board of Architects

EMPLOYMENT VERIFICATION (Please type or letter neatly in black ink)

This portion of this form must be completed by the APPLICANT. Please complete ALL numbered items. The release authorization (number 11) must be signed and dated before sending the form for completion below.

THE BOARD WILL ACCEPT ORIGINAL, SIGNED FORMS ONLY. INCOMPLETE FORMS WILL BE RETURNED.

1. Your name: _____
2. Your current address: _____
3. Is/Was employed by: _____
4. Firm address: _____ City: _____ State: _____ Zip: _____

Please use a separate form for each period of full-time or part-time employment.

5. DATES OF EMPLOYMENT						6. HOURS PER WEEK	7. STATUS <i>Check One</i>				8. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY																	
FROM			TO				HOURS PER WEEK	PARTNER	CORP. DIRECTOR	EMPLOYEE	OTHER (EXPLAIN)	PROGRAMMING	SITE & ENVIRON. ANALYSIS	SCHEMATIC DESIGN	ENGINEERING SYSTEMS COORD.	BUILDING COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS&MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE-OFFICE	CONSTRUCTION PHASE-OBSERVATION	PROJECT MANAGEMENT	OFFICE MANAGEMENT	PROFESSIONAL& COMMUNITY SVS.	TEACHING OR RESEARCH
MO	DAY	YR	MO	DAY	YR																							

9. Indicate services rendered by the organization:
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Planning | <input type="checkbox"/> Construction Management |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Construction | <input type="checkbox"/> Interior Design/Contract Interiors |
| <input type="checkbox"/> Other : _____ | | |

10. You were/are supervised by:
- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Registered Architect | <input type="checkbox"/> Planner | <input type="checkbox"/> Registered Landscape Architect |
| <input type="checkbox"/> Registered Engineer | <input type="checkbox"/> Contractor | <input type="checkbox"/> Interior Designer |
| <input type="checkbox"/> Other : _____ | | |

I hereby authorized the Board to make inquiries of the person listed below with respect to my background and character. I invite full and complete response to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board. I hereby certify that all information furnished by me herein or attached to is correct.

11. Your signature: _____ 12. Date: _____

This portion of the form must be completed by the applicant's DAILY SUPERVISOR at the referenced organization. Please complete ALL lettered items. Please type or letter neatly in black ink.

- A.** Is the information shown above in items 5, 6, 7 and 8 correct? YES NO If no, please clarify: _____
- B.** Has the applicant worked under the direct supervision of the individual indicated in item 10 above? YES NO If no, please clarify: _____
- C.** Are the experiences shown in item 8 above correct? YES NO If no, please clarify: _____

D. Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate spaces below. If unsatisfactory box is checked for technical competence or professional conduct, please submit a letter of explanation with this form.

	On latest date of employment					On date of this reply				
	EXCELLENT	SATIS-FACTORY	MARGINAL	UNSATIS-FACTORY	NOT QUALIFIED TO ANSWER	EXCELLENT	SATIS-FACTORY	MARGINAL	UNSATIS-FACTORY	NOT QUALIFIED TO ANSWER
TECHNICAL COMPETENCE										
PROFESSIONAL CONDUCT										

- E.** Your name (person completing this portion of form): _____
- F.** List State identified in item 4 above: _____ List initial date of your registration in that jurisdiction _____ (If none, indicate N/A)
- G.** Your position in (or relationship to) the organization named in item 3 above: _____
- H.** Name and address of your current organization: _____
- I.** Your position in current organization: _____

I hereby certify that all information furnished herein or attached hereto is correct:

- J.** Your signature: _____ **K.** Date: _____