



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

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF LANDSCAPE ARCHITECTURE**

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EMAIL: customerservice.dpr@state.de.us

**LANDSCAPE ARCHITECT SUPERVISORY REFERENCE FORM**

The purpose of the form is to document the professional experience in Landscape Architecture of the applicant named below while under the direct supervision of a licensed Landscape Architect (24 Del. C. § 206).

- An applicant who has a degree in Landscape Architecture from an accredited school or college is required to have two years experience.
- An applicant who does not have a degree in Landscape Architecture but who has completed two years of Landscape Architecture courses at an accredited school or college is required to have four years experience.

Additional forms are available at [www.dpr.delaware.gov](http://www.dpr.delaware.gov) – click on *Landscape Architecture* and then *Forms*.

1. Applicant Name: \_\_\_\_\_
2. Name of Supervising Landscape Architect: \_\_\_\_\_
3. Supervisor's License Number: \_\_\_\_\_ State: \_\_\_\_\_
4. Licensed Supervisor's Business Name (if applicable): \_\_\_\_\_
5. Business Address: \_\_\_\_\_  

\_\_\_\_\_ City
\_\_\_\_\_ State
\_\_\_\_\_ Zip
6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Enter the time periods during which the applicant worked under your licensed **direct supervision**:

| FROM<br>(month/year)                        | TO<br>(month/year) | HOURS |
|---|--------------------|-------|
|   |                    |       |
|   |                    |       |
|   |                    |       |
| <b>TOTAL HOURS YOU SUPERVISED APPLICANT</b> |                    |       |

8. Enter the following information about the titles and licenses you held while you directly supervising the applicant.  
 Title: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Type of License: \_\_\_\_\_ Date Received: \_\_\_\_\_

**I attest that I directly supervised the applicant named above and that the information I have provided here provided herein is accurate and complete to the best of my knowledge and belief.**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

AFFIX SEAL

**RETURN THIS FORM *DIRECTLY* TO THE DELAWARE BOARD OFFICE AT ADDRESS ABOVE.**