



Architect Applicant Employment and Experience Summary

The individual whose name appears below has applied for registration to the Washington State Board for Architects. As a former supervisor, the information you provide will be used to determine the applicant's eligibility for entrance into the exam process or for reciprocal registration. **Specific dates are important.**

Send this completed form to:

**Washington State Board for Architects
Department of Licensing
PO Box 9012
Olympia, WA 98507-9012**



For questions or language help call: (360) 664-1388

Please check one:

- Board approved for examination Reciprocity

Employment verification

Applicant name		Former name <i>(if applicable)</i>			
Address, City, State, ZIP code					
Worked under my supervision at <i>(name of firm)</i>					
From <i>(Month, Day, Year)</i>	To <i>(Month, Day, Year)</i>	Total months	Average hours per week		
<p>Check the following activities the applicant performed</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Programming client contact <input type="checkbox"/> Engineering systems coordination <input type="checkbox"/> Site and environmental analysis <input type="checkbox"/> Specifications and materials research <input type="checkbox"/> Schematic design <input type="checkbox"/> Document checking and coordination <input type="checkbox"/> Building cost analysis <input type="checkbox"/> Bidding and contract negotiations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Code research <input type="checkbox"/> Construction (office) <input type="checkbox"/> Design development <input type="checkbox"/> Construction (observation) <input type="checkbox"/> Construction documents (graphic) <input type="checkbox"/> Project management <input type="checkbox"/> Office management <input type="checkbox"/> Other: _____ </td> </tr> </table>				<input type="checkbox"/> Programming client contact <input type="checkbox"/> Engineering systems coordination <input type="checkbox"/> Site and environmental analysis <input type="checkbox"/> Specifications and materials research <input type="checkbox"/> Schematic design <input type="checkbox"/> Document checking and coordination <input type="checkbox"/> Building cost analysis <input type="checkbox"/> Bidding and contract negotiations	<input type="checkbox"/> Code research <input type="checkbox"/> Construction (office) <input type="checkbox"/> Design development <input type="checkbox"/> Construction (observation) <input type="checkbox"/> Construction documents (graphic) <input type="checkbox"/> Project management <input type="checkbox"/> Office management <input type="checkbox"/> Other: _____
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Describe roles and responsibilities					

Verifier's information—To be completed by the experience verifier

The applicant listed on page 1 has applied to the Board for architect licensing. Your information will be used to determine their eligibility for licensure. If you are not licensed as an architect please attach a copy of your resume. Mail this completed form to the Board's office at the address shown on page 1.

Verifier name		Title	
Verifier current organization		(Area code) Phone number	
Organization address, City, State, ZIP code			
Comments			
Your state of licensure	License type	License number	Year of licensure
The Washington State Board for Architects requires that no person shall be eligible for registration as an architect who is not of good character and reputation. If you believe this applicant does not satisfy this requirement, please explain:			

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____	_____
Date and place	TYPE or PRINT Name
	X
	Applicant signature