



Landscape Architect Applicant Employment and Experience Verification

The person named below has applied for a landscape architect license. As a former supervisor, please provide information that will be used to determine the applicant's eligibility for examination or reciprocity.

Specific dates are important.

Complete this form as soon as possible and send to:

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



For questions or language help call: 360-664-1837

Applicant

Type of license (<i>Check one</i>)		
Board approval for examination		Reciprocity
TYPE or PRINT Name (<i>Last, First, Middle</i>)		Former name (<i>if applicable</i>)
Mailing address		
City	State	ZIP code

Verifier's information

Verifier's name		Title	
Current place of employment		10-digit phone number	
Address			
City		State	ZIP code
Current state of licensure	License type	License number	Year of licensure

Experience verification

The applicant named above worked under my supervision at (<i>name of company</i>):			
From (<i>month/year</i>)	To (<i>month/year</i>)	Total months	Average hours per week
My professional relationship with applicant (employer, supervisor, coworker, other)			
Percentage of time performing the following activities			
_____ % Client relations	_____ % Working drawings	_____ % Inspection reports and change	
_____ % Site design and planning	_____ % Construction supervision	_____ % Contract administration	
_____ % Construction materials and methods	_____ % Specification writing	_____ % Office administration	
_____ % Plant selection and use	_____ % Cost estimating		
_____ % Coordination with consultants	_____ % Field inspections	_____ % Other _____	
Describe roles and responsibilities			

TYPE OR PRINT Verifier name

X

Verifier signature

Date

LA-656-005 (R/8/25)WA