

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 LANDSCAPE ARCHITECTS
 P.O. Box 30018, Lansing, MI 48909
 517-241-8720
 www.michigan.gov/landscapearchitects

LANDSCAPE ARCHITECT EXPERIENCE VERIFICATION FORM

This form should only be used by applicants who are licensed or registered as Landscape Architects in another state.

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

Please print in ink or type all responses

APPLICANT SECTION: Complete items 1-6 and forward this form to the respondent for verification of work experience.

1. Applicant Name			2. My contacts with the Respondent have been in the following capacities: From: _____ To: _____ mo/yr mo/yr			
Mailing Address				As my employer or supervisor		As an instructor in my classes
City	State	Zip Code		As an associate in landscape architectural work	In social or community activities	
Daytime Telephone Number				In professional society activities	Other	
3. Applicant's duties and responsibilities:						
4. If you have been employed by the respondent, or have been a member of the same firm, supply the following information:						
Inclusive Dates of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Number of Hours Per Week _____			From: mo/yr To: mo/yr			
5. Name and Location of Firm				6. Applicant's Position		

RESPONDENT SECTION: The applicant named above has given your name as a reference in regards to his or her landscape architectural work experience. Please complete items 1-6 below and return this form to our office at the address listed below.

1. Name			2. Respondent's Title				
3. Is the above information correct as stated? If no, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		4. In your opinion, how would the applicant rank in professional competence and responsibility? <input type="checkbox"/> Qualified <input type="checkbox"/> Unqualified <input type="checkbox"/> Unknown					
5. Please indicate your opinion as to the applicant's potential to practice landscape architecture by placing an "X" in the appropriate boxes below. If the "Unsatisfactory" box is checked for any of the categories, please submit a letter of explanation with this form. S=Satisfactory; U=Unsatisfactory; Uk=Unknown							
Phase of Activity	S	U	Uk	Phase of Activity	S	U	Uk
I. Technical Knowledge				III. Professional Reputation			
II. Design and Implementation				IV. General Conduct and Integrity			
6. The following information is submitted regarding myself: Name: Title: Firm Name: Address: (Number, Street, City, State, Zip Code) Daytime Telephone Number: Signature:				Seal Imprint			
				Date:			

Responses to this inquiry are public record and as such are subject to disclosure to the public and the applicant. You may offer additional comment in an attachment.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Mail To:
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