



# ARCHITECT - VERIFICATION OF EMPLOYMENT AND REFERENCE

State Form 44668 (R4 / 1-12)

PROFESSIONAL LICENSING AGENCY  
 INDIANA STATE BOARD OF  
 REGISTRATION FOR ARCHITECTS  
 402 West Washington Street, Room W072  
 Indianapolis, IN 46204  
 Telephone: 317-234-3022  
 E-mail: pla10@pla.IN.gov

- INSTRUCTIONS:**
1. Please type or print legibly.
  2. Please complete each numbered or lettered item. Incomplete forms will be returned.
  3. All applicants complete the top half of form. A qualified individual must complete the bottom portion of form.
  4. Please do not detach these forms.

## APPLICANT COMPLETE

1. Name of applicant

2. Current address (number and street, city, state, and ZIP code)

3. Was / Is employed by the firm:

4. Address of firm (number and street, city, state, and ZIP code)

5. DATES OF EMPLOYMENT			6. LENGTH OF TIME		7. STATUS (Check one)				8. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY															
FROM		TO		FULL-TIME ✓	PART-TIME (Less than 35 hours per week) HOURS/WEEK	PARTNER	CORP. DIRECTOR	EMPLOYEE	OTHER (EXPLAIN)	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	BUILDING COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE - OFFICE	CONSTRUCTION PHASE - OBSERVATION	OFFICE PROCEDURES	TEACHING/RESEARCH	
MO	DAY	YR	MO																					DAY

9. Does the firm or an affiliate of the firm engage in construction?  
 Yes  No

10. Indicate services rendered by the firm:

<input type="checkbox"/> Architecture	<input type="checkbox"/> Planning	<input type="checkbox"/> Landscape Architect
<input type="checkbox"/> Engineering	<input type="checkbox"/> Interior Design / Contract Interiors	<input type="checkbox"/> Other (explain on separate sheet)
<input type="checkbox"/> Real Estate Development	<input type="checkbox"/> Construction Management	

11. Position of supervisor

<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Planner
<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Interior Designer	<input type="checkbox"/> Other (explain on separate sheet)

## APPLICANT'S AUTHORIZATION AND RELEASE (This release must be signed before sending the form for completion below)

I hereby authorize 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.

12. Signature of applicant

13. Date signed (month, day, year)

## SPONSOR COMPLETE

**This portion of the form must be completed by applicant's employer / supervisor at the referenced firm. Applicants must have this portion completed by their sponsor at the referenced firm.**

A. Are the dates of employment as shown in item 6 correct?  
 Yes  No If No, please clarify:

B. Has the applicant worked under the direct supervision of the individual indicated in item 12 above?  
 Yes  No If No, please clarify:

C. Are the experiences shown by the applicant in item 9 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.

	E. ON LATEST DATE OF EMPLOYMENT					F. ON DATE OF THIS REPLY				
	EXCELLENT	SATISFACTORY	MARGINAL	UNSATISFACTORY	UNKNOWN	EXCELLENT	SATISFACTORY	MARGINAL	UNSATISFACTORY	UNKNOWN
TECHNICAL COMPETENCE										
PROFESSIONAL CONDUCT										

G. Name of person completing this half of form

H. Year(s)/state(s) of professional registration(s) (If none, indicate N/A)

I. Position in firm named in item 4 above (or relationship to firm)

J. Name of current firm

Address of current firm (number and street, city, state, and ZIP code)

K. Position in current firm

L. Signature of sponsor

M. Date signed (month, day, year)