

The applicant's employer or supervisor (during the time that the applicant is claiming credit for work experience) should complete Questions #10 through #23.

10. Verifier's Name _____
Last First Middle Generation

11. Relationship to Applicant Supervisor Employer Other _____

12. Type of Business _____

13. Mailing Address _____

City State Zip Code

14. Current Position _____

15. Position held in (or relationship to) the firm listed in #4. _____

16. Do you hold any of the following licenses? Check **all** that apply.
 Architect State _____ License No. _____ Expiration Date _____
 Interior Designer State _____ License No. _____ Expiration Date _____
 Professional Engineer State _____ License No. _____ Expiration Date _____

17. Are the dates of employment shown in #6 correct? Yes No If no, clarify. _____

18. Have you directly supervised the applicant for the entire period of time listed in #6?
Yes
No If no, what is your professional relationship to the applicant? _____
How did you obtain knowledge of the applicant's professional experience?

19. Are the areas of practice selected by the applicant in #8 correct? Yes No If no, explain.

20. Was the applicant employed full-time (35 hours or more per week)?
Yes
No If no, how many hours did the applicant work each week? _____

21. In your judgment, has the applicant's work been of a satisfactory quality and has the applicant exhibited good moral character?

22. Additional Comments. _____

23. Signature _____ Date _____