



**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects  
 ARCHITECT REFERENCE FORM**

**Applicant:** Complete items #1 through #5 then forward this form to the licensed architect serving as your architectural reference. The individual providing this reference must have known you within the last five years (from the date of this application) and for at least **one year**. Any individual providing a reference may not verify your architectural experience on the Experience Verification Form(s). Please Note: Three references are required.

**Reference:** Complete items #6 through #17. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail it directly to the Board at the address above. Your prompt response is appreciated.

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_ Last (required) \_\_\_\_\_ First (required) \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

2. Provide **one** of the following identification numbers\*:

Last 4 digits of your Social Security Number or  Virginia DMV Control Number 

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address (PO Box accepted) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Contact Numbers

\_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

5. Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**REFERENCE SECTION**

This reference can only be completed by a licensed architect who has personal knowledge of the applicant's architectural experience that demonstrates the applicant's competence and integrity.

6. Reference's Name \_\_\_\_\_

7. Reference's Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Reference's Contact Numbers

\_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

9. Reference's Email Address \_\_\_\_\_

(Email address will only be used for communication from the Board staff.)

10. License Information

State/Jurisdiction where you are currently licensed \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

11. What is your business relationship to the applicant? \_\_\_\_\_

12. Have you known or been associated with the applicant within the last 5 years?

No

Yes  If yes, have you known the applicant for at least one year? No  Yes

13. In your opinion, is the applicant of good moral character?

No  If no, give a brief description below:

Yes

14. In your opinion, has the applicant been exposed to a variety of issues found in the diversified practice of architecture?

No  If no, give a brief description below:

Yes

15. What is the applicant's reputation in his/her chosen profession?

16. Additional Comments

17. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_