



NORTH CAROLINA BOARD OF LANDSCAPE ARCHITECTS

P.O. Box 41225 • Raleigh, NC 27629-1225 • Phone: (919) 850-9088 • Fax: (919) 872-1598

Email: contact@ncbola.org • Web: www.ncbola.org

EMPLOYER VERIFICATION FORM

Re: _____ (name of applicant)

Dear Employer:

The individual listed above has applied to the North Carolina Board of Landscape Architects to become registered as a landscape architect under the provisions of Chapter 89-A of the General Statutes of North Carolina. You are listed as the current or former employer of the individual.

Please complete the form below pertaining to this individual. The information will be treated confidentially. The information is required for approval of the individual's application. Thank you for your assistance.

1. Was the applicant ever in the employment of your firm? Yes () No ()

2. Please give the dates of employment. From: _____ To: _____
(Mo/Day/Year) (Mo/Day/Year)

3. Give a brief description of duties and responsibilities.

4. Please indicate the applicant's activities by checking the following list:

- | | | |
|---|---|--|
| <input type="checkbox"/> General Design | <input type="checkbox"/> Planting Plans | <input type="checkbox"/> Land Use Planning |
| <input type="checkbox"/> General Drafting | <input type="checkbox"/> Specification Writing | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Construction Details | <input type="checkbox"/> Cost Estimating | <input type="checkbox"/> Renderings, Perspective |
| <input type="checkbox"/> Grading Plans | <input type="checkbox"/> Supervise Construction | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Recreation Planning | <input type="checkbox"/> Supervise Planting | <input type="checkbox"/> Teaching |

5. What is your opinion of the applicant's competency?

	Excellent	Satisfactory	Unsatisfactory
Technical Knowledge	_____	_____	_____
Professional Experience	_____	_____	_____
Reputation in the Profession	_____	_____	_____

6. Are you a registered Landscape Architect? Yes () No () If so, please list state(s) and Registration Number.

STATE: _____ LICENSE/REGISTRATION NO.: _____

Signature: _____ Date: _____

Name (please print or type): _____

Title: _____ Email Address: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

You may submit this form by email, mail, or fax.

Attach supplementary pages to provide additional information and/or comments, if necessary.