



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
Interior Design Examination and Evaluation Committee
124 Halsey Street, 3rd Floor, Newark, NJ 07102

Professional Reference Form for Certification as a Interior Designer

I. Section to be completed by Applicant:

Date _____

The State Board of Architects, Interior Design Examination and Evaluation Committee has received an application for certification in Interior Design from _____ Applicant's name
of _____ Applicant's address
City State Zip Code

II. Section to be completed by Reference:

The above named applicant has applied for certification under the Interior Design Certification Act and has identified you as a potential reference. Issuing certification to qualified interior designers safeguards the public's health, safety and welfare, maintains a high professional standard, and permits the applicant to utilize the title "Certified Interior Designer." Please give complete, accurate answers to the following questions. Please indicate "NA" in response to any question which you do not feel qualified to answer.

Reference's name: _____ Phone #: _____

Reference's address _____ Street address

City State Zip

Reference's Title and Occupation: _____ License/Certificate #: _____

1. List any additional professional licenses/certifications which you hold (if applicable):

Table with 3 columns: Type (profession), State, License/Certificate number

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____

4. Do you have any reason to doubt the moral character of the applicant? Yes No

If "yes," please explain. _____

5. Please provide any additional information which you would like the Committee to consider in connection with the applicant.

Please circle the performance level the applicant has exhibited in Interior Design in each of the following areas of interior design.

Preparation & Administration of drawings	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Preparation & Administration of schedules	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Preparation & Administration of specifications	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Furnishings	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Layouts	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Non-load bearing partitions	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Fixtures	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Cabinetry	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Lighting location and type	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Outlet location and type	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Switch location and type	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Finishes	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Materials	Satisfactory	Unsatisfactory	Unknown/Not Applicable
Interior construction not materially related to or materially affecting the building systems	Satisfactory	Unsatisfactory	Unknown/Not Applicable

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Date

Return form promptly to:

New Jersey State Board of Architects
Interior Design Examination and Evaluation Committee
124 Halsey Street
P.O. Box 45001
Newark, NJ 07101