



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
124 Halsey Street, 3rd Floor, P.O. Box 45001
Newark, New Jersey 07101
(973) 504-6385



Reference Form

for Licensure as a Landscape Architect

An application for licensure in landscape architecture in the State of New Jersey has been received by the New Jersey State Board of Architects from \_\_\_\_\_

Applicant's name

of \_\_\_\_\_

Applicant's address

City

State

ZIP code

who had approached you as reference.

The Landscape Architects Law provides for the licensure of qualified individuals as landscape architects in the State of New Jersey, thereby safeguarding life, health and property and maintaining high professional standards. Please give complete and accurate answers to the following questions. Please indicate "NA" in response to any question which you do not feel qualified to answer.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant?

3. Did you ever employ the applicant? [ ] Yes [ ] No

If "Yes," from \_\_\_\_\_ to \_\_\_\_\_

Month

Year

Month

Year

Was the applicant employed full time? [ ] Yes [ ] No

If "Yes," please indicate his/her predominant activities by checking the following list:

- [ ] General design [ ] Planting [ ] Administration
[ ] General drafting [ ] Specification writing [ ] Rendering, perspective
[ ] Construction details [ ] Consultation [ ] Teaching
[ ] Grading plans [ ] Supervision of construction and planting

4. Did the applicant perform landscape architectural services for you? [ ] Yes [ ] No

a. Was he/she familiar with the various phases of the work? [ ] Yes [ ] No

b. Was his/her work satisfactory? [ ] Yes [ ] No

c. Would you again employ the applicant as a landscape architect? [ ] Yes [ ] No

5. What is your opinion of the applicant's competency?
- |                                 |                                    |                                       |   |
|---------------------------------|------------------------------------|---------------------------------------|---|
| a. Technical knowledge          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| b. Professional experience      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| c. Reputation as a professional | <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
6. Do you believe the applicant to be fully qualified to practice landscape architecture?  Yes  No
7. Do you have any reason to doubt the moral character of the applicant?  Yes  No
- If "Yes," please explain.

8. What is the applicant's standing in the community? \_\_\_\_\_

**Respondent's information**

\_\_\_\_\_  
Name of respondent (please print)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Title Occupation

\_\_\_\_\_  
Home telephone number (include area code) Business telephone number (include area code)

List any professional licenses that you hold.

_____ Type (profession)	_____ State	_____ License number
_____ Type (profession)	_____ State	_____ License number
_____ Type (profession)	_____ State	_____ License number
_____ Type (profession)	_____ State	_____ License number

**This information is confidential.  
A prompt reply will be appreciated.**

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

\_\_\_\_\_  
Signature Date

Return form promptly to:

**New Jersey State Board of Architects  
P.O. Box 45001  
Newark, NJ 07101**

