



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, P.O. Box 45001
 Newark, New Jersey 07101
 (973) 504-6385

Personal Reference Form for Certification as an Interior Designer

I. Section to be completed by Applicant:

Date: _____

The New Jersey State Board of Architects' Interior Design Examination and Evaluation Committee has received an application for certification in Interior Design from _____ of
Applicant's name

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: _____ Telephone number: _____
(include area code)

Reference's address: _____
Street address

City State ZIP Code

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

Type (profession)	State	License/Certificate number
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. What is the applicant's standing in the community? _____
6. Please provide any additional information which you would like the Committee to consider in connection with the applicant.

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