



State of New Hampshire
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301
Phone: 603-271-2152

Form: Reference
Professional Board: Architects

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name: _____
(to be typewritten or printed)

2. What is your present business or profession?

3. Are you a licensed Architect? Yes No If yes, in what State?

4. How long have you known the applicant? Years: _____ Months: _____

5. Are you in any way related to the applicant?

6. What has been your business connection with the applicant?

7. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

8. Please give a brief estimate of the applicant as an architect.

9. Would you employ the applicant in a position of trust?

10. If the applicant is connected with a firm, please provide its name and address.

Position he/she fills:

11. Is the applicant qualified to be placed in responsible charge of design or supervision of work with full authority to change designs or specification?

12. If the applicant is in individual practice, please indicate the nature of such practice?

13. Do you recommend the applicant for licensure as an architect?

14. Remarks concerning the applicant

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as an Architect.

Date_____

Written Signature_____