



## **Work Reference—Licensed Interior Designer**

Applicant Name:

Employer Name:

Employer Address:

Employer Phone:

Website:

Type of Business:

Interior Design Firm

Corporate In-house

Retail Store

Architecture Firm

Educator

Other \_\_\_\_\_

Your Title:

Responsibilities while employed:

Programming

Design Development

Conceptual/Schematic Design

Construction Documents

Project Administration

Dates of Employment (mm/dd/yyyy)      From      To

Average hours worked per week:

Total hours of experience at this employment:

### **Applicant's Authorization and Release:**

I hereby authorize the Board of Governors of the Architects, Landscape Architects and Licensed Interior Designers of Oklahoma to make inquiries of the person listed as a supervisor on this form with respect to my background and experience. I release the reference from any and all claims, including claims for libel and slander, which may arise out of any communication with the Board.

Signed \_\_\_\_\_ Date \_\_\_\_\_



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Oklahoma City, OK 73105  
T: (405) 949-2383  
E: ellen.white@boardofarch.ok.gov

**Page 2 to be completed only by a direct supervisor**

Applicant Name:

**Information on Direct Supervisor**

NCIDQ Certified Interior Designer

NCIDQ Certificate Number:

State licensed/registered/certified Interior Designer

State:

License Number:

State licensed or registered Architect

State:

License Number:

Name:

Firm Name:

Firm Address:

Phone:

Email:

Is all of the information the applicant provided on page 1 correct?                      Yes                      No

If no, please explain.

Please indicate, to the best of your knowledge, the applicant's ability in the experiences indicated above by placing an "X" in the appropriate box. If "Unsatisfactory" box is checked, please submit a letter of explanation with this form.

**Excellent      Satisfactory      Marginal      Unsatisfactory      Not Qualified to Answer**

**Technical Competence**

**Professional Integrity**

Signed \_\_\_\_\_

Date \_\_\_\_\_