

SECTION II : VERIFICATION OF EXPERIENCE

INSTRUCTIONS TO EMPLOYMENT/CLIENT:

To ensure the provisions of the licensing law safeguard life, health and property, the State Board for Interior Design has been charged with the responsibility of recommending only those who are qualified for the profession on the basis of the exhibited satisfactory examinations and character of professional experience in interior design work. As one of the applicant's references, you are presumably familiar with his or her professional work and have knowledge of his or her ability, character and reputation. The Board would appreciate information that addresses the extent of the experience gained by the applicant in professional work as well as your opinion of his or her professional competence and character.

The Board asks your cooperation in supplying this information and in forwarding it as soon as possible to the address given below. Do not return this sheet to the applicant.

1 To the best of my knowledge the information provided on the reverse side is correct.
(if no, please explain) YES NO

2 The dates of employment in item 6, Section I, are correct.
(if no, please clarify) YES NO

3 The experience(s) checked by the applicant for the dates of
Employment listed in item 6, Section I, are correct.
(if "no," please clarify) YES NO

4 Please state briefly your opinion of the applicant's professional conduct and ability while thus employed.

5 Comments

6 ARE YOU AN: INTERIOR DESIGNER REGISTERED ARCHITECT *
 PROFESSIONAL ENGINEER * **(* AFFIX STAMP/SEAL BELOW)**

ENDORSER'S AFFIDAVIT

I have read the information presented by the applicant on this form. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and interior design ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it, are generally true and accurate.

I cannot so certify. Letter of explanation attached.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Name: _____

States/Dates of Registration(s): _____

Telephone: _____ Fax: _____

E-mail: _____

(STAMP OR SEAL IF APPLICABLE)

RETURN DIRECTLY TO →

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, **Interior Design Unit**, 89 Washington Avenue, Albany, New York 12234-1000