

Section II: Verification Of Experience

INSTRUCTIONS TO ENDORSER: To uphold the licensing law and safeguard life, health and property, the New York State Board for Landscape Architecture evaluates the level and character of each applicant's practical experience in landscape architectural work.
 The ratings and comments you provide below will help the Board evaluate the applicant's work, ability, and character. Please complete Section II, sign, date and stamp or seal the attestation and return both pages of the form directly to the Office of the Professions at the address at the end of the form. **Do not return this form to the applicant.**

1 The dates of employment as shown by the applicant in item 6 on page 1 are correct. YES NO
 (If "No", please clarify on a separate sheet)

2 The experience(s) checked by the applicant for the dates of employment in item 6 on page 1 are correct. YES NO
 (If "No", please clarify on a separate sheet)

3 Please indicate to the best of your knowledge the applicant's ability to practice landscape architecture by placing an "X" in the appropriate spaces below. If you check the "unsatisfactory" box for "experience" or "conduct," please submit a letter of explanation with this form.

RATING AREAS	ON LATEST DATES OF EMPLOYMENT					ON DATE OF THIS REPLY				
	Excellent	Satisfactory	Marginal	Unsatisfactory	Not qualified to answer	Excellent	Satisfactory	Marginal	Unsatisfactory	Not qualified to answer
Education										
Practical Experience										
Professional Conduct										

AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

SUPERVISOR/LICENSED COLLEAGUE

I have read the applicant's summary of professional experience (Section I). I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and landscape architecture ability and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it are true and accurate.

Check here if you are attaching additional information.

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Print Name: _____

Title: _____

License Number: _____ Dates of Registration: _____

Name of Firm: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Place
Stamp or Seal
Here

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Landscape Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000.