



State of Arizona
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington Suite 240 Phoenix, Arizona 85007 (602)364-4930 FAX: (602)364-4931 <https://btr.az.gov/>

Landscape Architect Certificate of Experience Form

Applicant Name: _____ Application Number: _____

SECTION A

(To be completed by Applicant)

Employer Name, Address, and Telephone _____

Your Job Title _____

Your Supervisor/Reference Name and Job Title _____

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker Client Other Explain: _____

DETAILED SUMMARY OF QUALIFYING EXPERIENCE

Note: The detailed summary should include a description of the projects you worked on and a breakdown of time spent by category of experience. Attach additional pages to adequately detail your experience.

Employment Dates: From _____ / _____ / _____ To _____ / _____ / _____

Approximate Number of Hours Worked Weekly _____

Experience Activity:

Activity	Total Months
Consultation (R4-30-254)(B)(1)	
Investigation (R4-30-254)(B)(2)	
Planning (R4-30-254)(B)(3)	
Design (R4-30-254)(B)(4)	
Supervision of Development (R4-30-254)(B)(5)	
Administration (R4-30-254)(B)(6)	
Sub-Professional Experience (R4-30-254)(B)(7)	
Grand Total	

Detailed Work Description: _____

I affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

Applicant's Signature _____ Date _____

Applicant Name _____

Reference please initial here _____

Applicant Name: _____ Application Number: _____

SECTION B

(To be completed by supervisor/reference)

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a license to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required. Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgment, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates.

If you are not a professional registrant, you must include your resume.

Your Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail: _____

Your job title at the time you supervised/knew the applicant _____

Have you personally supervised and examined the applicant's work? Yes No

Does the information presented by the applicant accurately reflect his/her experience? Yes No

(If "No" or "Don't Know," please explain.) Don't Know

Give the dates you observed the applicant performing professional duties, either directly or indirectly.

Date: From _____ To: _____ Directly/ Indirectly

How long have you known this applicant? _____

Is this applicant related to you by blood or marriage? Yes No

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

Please include any remarks you have regarding this applicant on a separate piece of paper and submit with this form.

Do you believe the applicant is qualified for registration? Yes No

(If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know

I affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action. Enter NA under Registration# if you are not a professional registrant.

Signature _____ Date _____

Landscape Architect Professional Registration# _____

Issue Date _____ State _____

Place imprint of seal in the space to the right.