



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of
Landscape Architectural Examiners**

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P.O. Box 11419 • Columbia • SC 29211-1419

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www.llr.sc.gov/land

EMPLOYMENT VERIFICATION FORM

Complete and return this form to the above address.

EMPLOYMENT VERIFICATION FOR: _____

An application as a professional Landscape Architect had been filed with this department by the above referenced applicant. Please verify the applicant's employment dates and provide any information that may be of value to the Department in evaluating the applicant's qualifications. This information is for the confidential use of the Department. The source and character of this information will not be divulged, except in special cases when required by law. The applicant and the Department will appreciate your cooperation and prompt reply to this request.

Applicant's Professional Experience

Position Title: _____

Applicant Worked Full Time (40 hrs/week) From: _____ To: _____
Month/Year Month/Year

Applicant Worked Part Time: _____ Hrs/Wk For _____ Weeks

Duties: _____

What is your opinion of the applicant's competency? Excellent Satisfactory Unsatisfactory*

- a) Technical Knowledge
- b) Professional Experience
- c) Reputation in the Profession

In your opinion, is the applicant fully qualified to practice Landscape Architecture? Yes No

Please explain "unsatisfactory" answers or provide additional comments on an attached sheet. _____

Are you a currently registered Landscape Architect? Yes No If yes: State Reg. #: _____

Signed: _____

Date: _____

Title: _____

Business: _____

Affix Seal Here

Address: _____
