



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of
Landscape Architectural Examiners**

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www.llr.sc.gov/land

CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT

APPLICANT COMPLETE THIS SECTION	Date: _____
_____ of _____	_____
(Name)	(Address)

Return completed form to above address.

The above referenced individual has submitted an application for registration to practice landscape architecture in South Carolina and has submitted your name as a reference. The SC Code of Laws, Title 40, Chapter 28, regulates the practice of landscape architecture in the State of South Carolina, which practice, in turn, safeguards life, health, and property and a high professional standard. Please give complete, accurate answers to the following questions. A prompt reply would be appreciated. Additional sheets may be attached to explain answers or provide further comments.

1. How long have you known the applicant? _____

2. Was the applicant ever employed under your direct or indirect supervision? Yes No

If yes, list dates: To: _____ From: _____

Hours per week: _____

If no, please state the basis of your opinion of the applicant's competency in landscape architecture:

3. What is your opinion of the applicant's competency in the following areas?

a. Technical Knowledge Excellent Satisfactory Unsatisfactory*

b. Professional Experience Excellent Satisfactory Unsatisfactory*

c. Professional Reputation Excellent Satisfactory Unsatisfactory*

Please explain "unsatisfactory" answers on an attached sheet.

4. Do you believe the applicant is fully qualified to practice landscape architecture? Yes No

Print Reference Name: _____ Title: _____

Signature: _____ Date: _____

If you are a licensed landscape architect, please provide:

State of Licensure: _____ License Number: _____