



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF LANDSCAPE ARCHITECTURE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

LANDSCAPE ARCHITECT SUPERVISORY REFERENCE FORM

This applicant's direct supervisor must complete this form and mail it *directly* to the Board of Landscape Architecture at the address above. The purpose of the form is to document the applicant's professional experience in Landscape Architecture under the direct supervision of a licensed Landscape Architect as required by 24 Del. C. § 206. An applicant who has a degree in Landscape Architecture from an accredited school or college is required to have two years experience. An applicant who does not have a degree but who has completed two years of Landscape Architecture courses at an accredited school or college is required to have four years experience. Additional forms are available at www.dpr.delaware.gov or call (302) 744-4500.

1. Name of Applicant: _____
2. Name of Supervising Landscape Architect: _____
3. Supervisor's License Number: _____
4. Licensed Supervisor's Business Name (if applicable): _____
5. Business Address: _____

_____ City _____ State _____ Zip

6. Phone: _____ Email: _____

7. Enter the time periods during which the applicant worked under your licensed direct supervision:

FROM (month/year)	TO (month/year)	HOURS
TOTAL HOURS SUPERVISED		

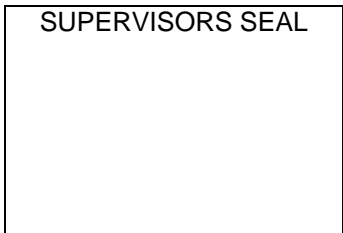
8. Enter the following information about the titles and licenses you held while directly supervising the applicant.

Title: _____

License No.: _____ Type of License: _____ Date Received: _____

I attest that I directly supervised the applicant and that the information I have provided here provided herein is accurate and complete to the best of my knowledge and belief.

SIGNATURE SUPERVISING LANDSCAPE ARCHITECT: _____ **Date:** _____



RETURN THIS FORM DIRECTLY TO THE DELAWARE BOARD OFFICE AT ADDRESS ABOVE.