

# STATE ARCHITECTS LICENSURE BOARD

**MAILING ADDRESS**

State Architects Licensure Board  
P.O. Box 2649  
Harrisburg PA 17105

**COURIER ADDRESS**

PA Dept of State, BPOA  
Attn: State Architects Licensure Board  
2 Technology Park  
Harrisburg, PA 17110-2919

**TOLL FREE #**

1-833-DOS-BPOA

**EMAIL**[st-architect@pa.gov](mailto:st-architect@pa.gov)**WEBSITE**[www.dos.pa.gov/arch](http://www.dos.pa.gov/arch)

## REFERENCE FORM

<b>Applicant Name:</b>		
<b>Applicant Address:</b>		
<b><u>ALL OF THE FOLLOWING MUST BE COMPLETED BY THE REFERENCE:</u></b> Must be <b>typed</b> or completed in black or blue ink – If <b>ALL</b> information is not provided, the form is not considered complete.		
<b>Name:</b>		
<b>Firm Name:</b>		
<b>Firm address</b>	<b>Street</b>	
	<b>City/State/Zip</b>	
<b>Architect License #</b>	<b>License #</b>	<b>State of licensure</b>
<b>How long have you known the applicant?</b>	_____Years      _____Months	
<b>Was the applicant in your employ?</b>	<input type="checkbox"/> Yes      From: ____/____/____      To: ____/____/____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
	<input type="checkbox"/> No      If “No”, please explain your professional association and affiliation in order to critique the applicant’s professional competency below (use a separate page if necessary).	
<b>Do you believe the applicant to be qualified to practice architecture?</b>	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No      If “No”, please provide a detailed explanation (use a separate page if necessary).	

Do you believe the applicant to be of good moral character?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No If "No", please explain your professional association and affiliation in order to critique the applicant's professional competency below (use a separate page if necessary).

**Check Applicant's employment activities:**

GENERAL DRAFTING	GENERAL DESIGN	STRUCTURAL DESIGN
ELECTRICAL SYSTEMS	ADMINISTRATION	INSPECTION OF CONSTRUCTION
DETAILING	DECORATIVE DESIGN	MECHANICAL SYSTEMS
SPECIFICATION WRITING	COST ANALYSIS	RENDERING/PERSPECTIVE
Please list specific duties the applicant performed (use a separate page if necessary).		

**Check your opinion of the Applicant's competency:**

TECHNICAL KNOWLEDGE	EXCELLENT	SATISFACTORY	UNSATISFACTORY
PROFESSIONAL EXPERIENCE	EXCELLENT	SATISFACTORY	UNSATISFACTORY

<p>I _____ certify to</p> <p style="text-align: center;">Print your name</p> <p>the accuracy of the above statements.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p><b>Affix Professional Seal Here</b></p>
	<p><b>If you do not have a seal, please provide a cover letter of explanation as to why this cannot be provided.</b></p>

**PLEASE RETURN THIS FORM DIRECTLY TO THE ADDRESS LISTED ABOVE AT YOUR EARLIEST CONVENIENCE.**