

220 N.E. 28th Street, Suite 150 Oklahoma City, OK 73105 T: (405) 949-2383 E: ellen.white@boardofarch.ok.gov

Work Reference—Commercial Interior Designer

Applicant Name:					
Employer Name:					
Employer Address:					
Employer Phone:					
Website:					
Type of Business: Interior Design Firm Architecture Firm	Corporate In-house Educator	Retail Store Other			
Your Title:					
Responsibilities while employed:					
Programming	Design Development	Conceptual/Schematic Design			
Construction Documents	Project Administration				
Dates of Employment (mm/dd/yyyy) From	То			
Average hours worked per week:					
Total hours of experience at this employment:					
Applicant's Authorization and Release: I hereby authorize the Board of Governors of the Licensed Architects, Landscape Architects and Registered Commercial Interior Designers of Oklahoma to make inquiries of the person listed as a supervisor on this form with respect to my background and experience. I release the reference from any and all claims, including claims for libel and slander, which may arise out of any communication with the Board.					

Date_

Signed_



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Page 2 to be completed only by a direct supervisor

Applicant Name:				
Information on Direct Supervi	sor			
NCIDQ Certified Interior D	esigner			
NCIDQ Certificat	e Number:			
State licensed/registered/	certified Interior	Designer		
State:		License Nu	mber:	
State licensed or registered	d Architect			
State:		License Nu	mber:	
Name:				
Firm Name:				
Firm Address:				
Phone:				
Email:				
Is all of the information the appl	icant provided o	n page 1 c	orrect?	Yes No
If no, please explain.				
Please indicate, to the best of you indicated above by placing an "X please submit a letter of explana Excellent	" in the appropr tion with this fo	riate box. I rm.		
Technical Competence				
Professional Integrity				
Signed			Date	