APPLICANT NAME: ________________________________________________

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board’s responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant’s references, it is expected that you are familiar with the applicant’s professional work and have knowledge of his/her ability, character, and reputation.

1. How long have you known the applicant? ____________________________________________

2. In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)
___________________________________________________________________________

3. Would you be pleased to have this applicant as an associate with you in practice?
☐ Yes ☐ No

4. My general recommendation concerning this applicant is:
   1. Recommend highly without reservations   ______________________
   2. Recommend as qualified and competent   ______________________
   3. Recommend with some reservation   ______________________
   4. Do not recommend   ______________________

5. Please indicate, to the best of your knowledge, the applicant’s qualification toward the practice of Landscape Architecture by placing an X in the appropriate space below.

<table>
<thead>
<tr>
<th>Phase/Activity</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>Unsatisfactory</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Competence</td>
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<tr>
<td>Professional Integrity</td>
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<tr>
<td>Character (honesty,ethics)</td>
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</tbody>
</table>

6. Do you consider the applicant fully qualified to become a registered Landscape Architect in the State of Nevada?
☐ Yes ☐ No

Please provide by attachment any additional information or comments you feel would benefit the Board in determining the applicant’s qualifications for licensure.

Revised 4-1-2016
I attest that the referenced applicant is of good moral character and has never:

Been convicted of a felony, misdemeanor or gross misdemeanor that is directly related to the practice of landscape architecture; committed an act involving dishonesty, fraud, misrepresentation, breach of a fiduciary duty, gross negligence or incompetence while engaged in the practice of landscape architecture; incarcerated in a jail or prison at the time of submitting an application for a certificate of registration or a certificate to practice as a landscape architect intern; committed fraud or misrepresentation in connection with the submission of an application for a certificate of registration or certificate to practice as a landscape architect intern; or the taking of one or more examinations pursuant to the provisions of chapter 623.A; had a certificate of registration suspended or revoked by the Board or in any other state or country; in lieu of receiving disciplinary action against himself, surrendered a certificate of registration or certificate to practice as a landscape architect intern in this State or a certificate or license to practice landscape architecture issued in another state or country; engaged in the practice of landscape architecture in this State or in any other state or country without a license or certificate of registration or certificate to practice as a landscape architect intern within the 2 years immediately preceding the filing of an application for a certificate of registration or certificate to practice as a landscape architect intern pursuant to the provisions of this chapter; within the 5 years immediately preceding the filing of an application specified in the previous statement, engaged in unprofessional conduct in violation of the regulations adopted by the Board.

Name: ____________________________________________  Licensed Professional?  □Yes  □No
Profession: ____________________________________________

Signature: ____________________________________________  License #/State: ______________________________
(Pursuant to NAC 623A.120 place state stamp over signature)

Date: _______________________________________________