



The Commonwealth of Massachusetts  
Division of Occupational Licensure  
[www.mass.gov/dpl/boards/la](http://www.mass.gov/dpl/boards/la)  
BOARD OF LANDSCAPE ARCHITECTS

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**CONFIDENTIAL REFERENCE FORM**

Dear Reference,

You have been requested to provide reference information for an applicant for registration as a Landscape Architect in Massachusetts under the provisions of Chapter 473 of the Acts of the 1968 Session of the Legislature of this Commonwealth. Pertinent information concerning the applicant will be helpful to the Massachusetts Board of Registration of Landscape Architects.

In order for the provisions of the licensing law to be effective in safeguarding public health, safety and welfare, the Board of Registration of Landscape Architects has been charged with the responsibility of limiting the use of the title "Landscape Architect". Only those who are qualified for that profession on the basis of quality of character, education, and practical experience in landscape architectural work may use this title. As one of the applicant's references, you are familiar with his or her professional work or have knowledge of his or her ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his or her professional work as well as your opinion of his or her professional competence and character.

The Board will further appreciate your cooperation in supplying the information requested and in forwarding it as soon as possible to the applicant in a sealed envelope. The applicant must return the sealed envelope directly to the Massachusetts Board of Registration of Landscape Architects with their completed application. If the Reference Forms come into the Massachusetts Board of Registration of Landscape Architects office open or incomplete, they will be returned to the applicant.



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**PROFESSIONAL REFERENCE FORM & EMPLOYMENT VERIFICATION**

**Applicant Information**

PLEASE PRINT

Last Name		First Name		Middle Name		Generation	
Maiden / Former / Also Known As							
Building number		Street address			Po Box		
City				State		Zip Code	

**Professional Reference Information**

REFERENCE INFO

Name		Position		Firm/Agency Name			
Building/Apt no.	Residential Street address			PO Box			
City		State			Zip		
Building number	Firm/Agency Street address			Po Box			
City				State		Zip Code	
Firm/Agency Phone Number (     )				Email Address at Firm			

**Applicant's Diverse Landscape Architectural Experience Breakdown**

Dates of Employment		Hours per week	Indicate how you grade the quality of the applicant's experience in the following areas using the grading system: A Proficient; B Some Experience; C Little to None				
<b>General</b>		<b>Construction Documents</b>			<b>Construction Administration</b>		
Programming		Layout Plans			Shop Drawings & Submittals		
Site & Environmental Analysis		Grading Plans			Field Observation		
Code Research		Drainage Plans					
Feasibility Studies		Planting Plans					
Schematic Design		Sections & Details					
Design Development		Specifications-Technical					
Schematic Cost Estimating		Specifications-Front End					
Project coordination with Clients, consultants		Bid Cost Estimating					
Permits & Approvals							

Rate the applicant's ability and character to the best of your knowledge by placing an "X" in the appropriate spaces below. If either of the "Unsatisfactory" boxes is checked please submit a letter of explanation with this form.	<b>Excellent</b>	<b>Satisfactory</b>	<b>Marginal</b>	<b>Unsatisfactory</b>	<b>Unknown</b>
<b>Technical Competence</b>					
<b>Professional Conduct or Character</b>					

Do you consider the applicant qualified for registration as a Landscape Architect? Yes No

Profession: \_\_\_Landscape Architect \_\_\_Engineer \_\_\_Architect \_\_\_Certified Planner (AICP)

Licensure: \_\_\_\_\_  
License #                      Issue Date                      Expiration Date                      State

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place Stamp or Seal of Professional Reference below:



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**PERSONAL CHARACTER REFERENCE FORM**

**Applicant Information**

PLEASE PRINT

Last Name		First Name	Middle Name	Generation
Maiden / Former / Also Known As				
Building number	Street address		Po Box	
City			State	Zip Code

**CHARACTER REFERENCE INFO**

Name		yrs knowing applicant	Relationship
Building/Apt no.	Residential Street address		PO Box
City	State		Zip

Comments about the Applicant's integrity, skills and commitment relating to Landscape Architecture profession:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_