

**BOARD OF LANDSCAPE ARCHITECTS
EMPLOYMENT VERIFICATION FORM**

Applicant Name			
Address	City	State	Zip
Work Phone ()	Home Phone ()		

This will certify to the best of my knowledge and as indicated in the records of this office, the above-named person worked under my supervision for the time indicated:

	Month/Day/Year	Month/Day/Year	Years-Months
From	/ /	/ /	Time
From	/ /	/ /	Time
From	/ /	/ /	Time

Total time was _____ hours. Of the total time, _____ hours were part-time work at _____ hours per week and _____ were full-time work. Type of work performed _____.

While the above applicant was under my supervision, my professional status was as follows:

Name of Firm			
Address	City	State	Zip
Position in Firm			
Professional Licenses Currently Held			
State of Registration	Date of Registration	License No.	

Signature _____ Date _____.

Print Name _____.

Please Return to:
 NM Board of Landscape Architects
 P.O. Box 25101
 Santa Fe, NM 87504