



# State of Arizona

## BOARD OF TECHNICAL REGISTRATION

1110 W. Washington • Suite 240 • Phoenix, Arizona 85007 • (602) 364-4930 • FAX: (602) 364-4931 [www.azbtr.gov](http://www.azbtr.gov)

### ARCHITECT EXPERIENCE RECORD AND SUPERVISOR / REFERENCE

Applicant Name: \_\_\_\_\_

#### SECTION A

(To be completed by Applicant)

Employer Name, Address, and Telephone \_\_\_\_\_

Your Job Title \_\_\_\_\_

Your Supervisor/Reference Name and Job Title \_\_\_\_\_

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker  Client  Other  Explain: \_\_\_\_\_

#### DETAILED SUMMARY OF QUALIFYING EXPERIENCE

Note: The detailed summary should include a description of the projects you worked on and a breakdown of time spent by category of experience. Attach additional pages to adequately detail your experience. Note that within the categories identified, a maximum of 12 months experience can be obtained under a registrant in another profession, and a maximum of 12 months experience can be obtained teaching in a NAAB accredited program.

Employment Dates: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Approximate Number of Hours Worked Weekly \_\_\_\_\_

Experience Activity:

	Activity	Total Months		Activity	Total Months
1	Programming		9	Site and Environmental Analysis	
2	Schematic Design		10	Engineering Systems Coordination	
3	Building Cost Analysis		11	Code Research	
4	Design Development		12	Construction Documents	
5	Specifications and Material Research		13	Document Checking and Coordination	
6	Bidding and Contract Negotiation		14	Construction Phase - Office	
7	Construction Phase - Field Observation		15	Project Management	
8	Office Management				

Detailed Work Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Reference please initial here \_\_\_\_\_

**SECTION B**

(To be completed by supervisor/reference)

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a certificate to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required. Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgment, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_

Your job title at the time you supervised/knew the applicant \_\_\_\_\_

Have you personally supervised and examined the applicant's work? Yes  No

Does the information presented by the applicant accurately reflect his/her experience? Yes  No

(If "No" or "Don't Know," please explain.) Don't Know

Give the dates you observed the applicant performing professional duties, either directly or indirectly.

Date: From \_\_\_\_\_ To: \_\_\_\_\_ Directly Indirectly

How long have you known this applicant? \_\_\_\_\_

Is this applicant related to you by blood or marriage? Yes  No

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

REMARKS: \_\_\_\_\_

Do you believe the applicant is qualified for registration? Yes  No

(If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know

I affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action.

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

Architect Professional Registration# \_\_\_\_\_ Issue Date \_\_\_\_\_ State \_\_\_\_\_