



# 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 PROFESSIONAL REFERENCE

IDP Record Holders

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

### SECTION A

(To be completed by Applicant)

Name, Address, and Telephone Number of Organization \_\_\_\_\_  
\_\_\_\_\_

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

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: \_\_\_\_\_  
\_\_\_\_\_

I swear or 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B**

(To be completed by reference)

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 \_\_\_\_\_

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

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:

<b>Rating Factors</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Adequate</b>	<b>Below Par</b>	<b>Poor</b>	<b>Don't Know</b>
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgment						
Character & Reputation						

REMARKS:

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

(If you marked “No” or “Don’t Know,” please explain in the space below.) Don’t Know

I swear or 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 \_\_\_\_\_

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