Nebraska State Board of Landscape Architects

Mail to: PO Box 95165 Lincoln, NE 68509-5165 Delivery: 215 Centennial Mall S, Suite 400 Lincoln, NE 68508-1813 Phone: 402-471-2407 Fax: 402-471-0787

Questions? Contact us at nsbla.board@nebraska.gov or visit our website at nsbla.nebraska.gov

REFERENCE FORM

- Please complete this form by providing all the requested information. Be certain to sign and date the form.
- All references must return this reference form directly to the Board by email, fax, or mail at the address listed above. If this form is emailed or faxed to the Board, an original hard copy is not required.
- Reference forms received from the applicant will not be accepted.

Applicant's Name:					
Indicate, to the best of your known "Unsatisfactory" box is checked	owledge, the appli d, please submit a	cant's ability by pl letter of explanat	acing an "X" ir ion with this fo	n the appropriate spa rm.	ces. If the
	Excellent	Satisfactory	Marginal	Unsatisfactory	Unknown
Technical Competence					
Professional Conduct					
Comments:					
Reference Name:					
Reference E-mail:					
Reference Address:					
Reference relationship to app	plicant: Persor	nal Profession	al Academ	ic Other	
How long have you known th	ne applicant?	Years			
Have you ever supervised the	e applicant?	Yes No			
Licensure status: Landsca	pe Architect A	rchitect Engine	er/Surveyor/C	ertified Planner Ot	ther
Current licensure information	•	-	·		
Jurisdiction: License or Certificatio					
Expiration Date:					
Current Employer:					
Position/Title:					
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Signature:		Date:			