

**EMPLOYER VERIFICATION OF PRACTICAL EXPERIENCE**

NAME OF CANDIDATE:

FIRM NAME AND ADDRESS:

DATE EMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_

**PLEASE USE AN "X" WHERE APPROPRIATE**

Areas of Experience	Involvement		
	None	Minimum	Major
Landscape Architectural Design			
Plant Design			
Irrigation Design			
Grading and Drainage Design			
Planting Construction Drawings			
Irrigation Construction Drawings			
Grading and Drainage Construction Drawings			
Detail Construction Drawings			
Specification Writing			
Cost Estimating			
Construction Contract Administration			
Project Administration			
Office Administration			
General Drafting			
Other (Please explain on lines below)			

YOUR NAME, CURRENT FIRM NAME AND ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE:

DATE:

TITLE:

LICENSE NUM & STATE: