



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS, LANDSCAPE
ARCHITECTS AND INTERIOR DESIGN



Janet T. Mills
Governor

Joan F. Cohen
Commissioner

CERTIFICATE OF EXPERIENCE – LANDSCAPE ARCHITECT
Section 1 – Completed by Candidate

Name: _____
Address: _____
Work Phone: (____) _____ Home Phone: (____) _____
Email: _____

Section II – Supervisory Certificate – Completed by Supervisor

This will certify that the above-named candidate worked under my direct supervision for the following time period:

From _____ To _____ ☐ Full Time ☐ Part Time Hours/week _____

Total Hours of experience at this employment _____

Type of work performed by candidate (check all that apply to attest to compliance with Chapter 13, Section 4):

- ☐ Project and Construction Management
(pre-project management, project management, bidding, construction and maintenance)
- ☐ Inventory and Analysis
(site inventory, physical analysis and contextual analysis)
- ☐ Site Design & Construction Documents
(stakeholder process, master planning and site design)
- ☐ Grading, Drainage & Construction Documentation
(site preparation plans, general plans and details, specialty plans and specifications)

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 35 State House Station, Augusta, Maine 04333

[Board of Licensure for Architects, Landscape Architects and Interior Designers](#) | [Office of Professional and Occupational Regulation](#)

Email: Heidi.Lincoln@Maine.gov

Phone: (207) 624-8522

TTY: Please Call Maine Relay 711

Fax: (207) 624-8690

Section II – Supervisory Certification Continued

Supervisor's License Type: _____ License Number: _____

State Issued: _____ Issue Date: _____ Expiration Date: _____

Business Address: _____

Business Phone Number: (____) _____

Supervisor, please indicate, to the best of your knowledge, the applicant's ability in the experienced indicated above by placing an "X" in the appropriate box. If "Unsatisfactory" box is checked, please submit a letter of explanation with this form.

Technical Competence: ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

Professional/Ethical Conduct: ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

In your opinion is the applicant fully qualified to practice Landscape Architecture: ☐ Yes ☐ No

Please explain "Unsatisfactory" answers or provide additional comments on an attached sheet.

By my signature, I hereby certify that the information provided on this form is true and accurate to the best of my knowledge and belief.

Supervisor Signature: _____ Date: _____