



**Department of Professional and Financial Regulation
Office Of Professional and Occupational Regulation
Maine State Board for Licensure of Architects,
Landscape Architects & Interior Designers**

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CERTIFICATION OF EXPERIENCE – LANDSCAPE ARCHITECT

Section 1 – Completed by Candidate

Name: _____

Address: _____

Work Phone: (____) _____ Home Phone: (____) _____

Email: _____

Section II – Supervisory Certification - 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 _____
Month/Year Month/Year

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)

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: _____