

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

LANDSCAPE ARCHITECT APPLICANT APPRAISAL FORM

Applicant's Name:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Note to Applicant: Provide replies from five (5) references having personal knowledge of your experience, one of whom is a registered Landscape Architect. Family members can act as supplemental references in support of an application, but not as one of the five (5) required responses. Type or print your name in the box at the top of each form prior to distribution. **Forms must be forwarded by you to this office with your application.**

Instructions: The applicant named above has applied for registration as a Landscape Architect to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below.

1. **I know this applicant:** Very Well Well Slightly Not at all

2. **My contacts with the applicant extend:** **From:** / / **To:** / /

3. **These contacts were:** (check all that apply)

- As an associate As a student in my classes As a supervisor
 In social or community affairs In professional society activities

Other (specify)

4. **I am familiar with the applicant's work at:** (name of company)

5. **Describe the principal duties performed by the applicant:**

6. **Registration in Wisconsin is not by classification of any branch of landscape architectural practice. To assist the Board in evaluating this applicant, please check one or more of the listed categories in which you have knowledge of the applicant experience.**

- Design/Build Practice Private Practice Public Practice

7. **Provide any information or knowledge that you have of this applicant that would assist the Board in determining the applicant's competency to practice in the field of landscape architecture.** (Attach additional sheets if necessary.)

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To qualify for registration, an applicant must have sufficient knowledge and experience. To assist the Board in evaluating this applicant, please indicate whether the applicant has entry level competence in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

	<u>Yes</u>	<u>No</u>	<u>UK</u>	<u>Required Areas of Experience</u>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing project criteria
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scheduling of a design program
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing a project
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conducting site analysis, gathering and reviewing data
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Studying and documenting of environmental factors and impacts
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Producing site analysis of existing physical, psycho-social, human, economic and regulatory conditions
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparing project feasibility studies based upon analysis data
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparing required public submittals for approval
				<u>Design Development Including:</u>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Code compliance
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grading plans
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation requirements
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planting lists
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site layout
				<u>Preparation of contract documents including:</u>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calculations required by local regulatory bodies
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demolition plans
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drainage plans
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grading plans
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation plans
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting plans
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planting plans
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preservation plans
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project coordination with other project design professionals
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project manual preparation
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site layout plans
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil test analysis
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tree removal
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction administration including:
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtaining client and regulatory approvals
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost estimates
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site visits
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field questions and issues
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verifying contractor billings
40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Issuing change orders
41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creating punch lists
42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final walk-throughs to verify design implementation
43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post construction evaluation visits

44. In my opinion, this applicant is qualified to hold a certification as a Landscape Architect. Yes No

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45. The information on this form is being submitted by:

Name

Firm

Title/Position

Address (street, city, state, zip)

Daytime Telephone Number

 - -

Signature

Date

 / /

Affix seal or
Indicate where registered, type of profession, and
registration number below: (if applicable)