

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
 Email: dspd@wisconsin.gov
 Website: <http://dspd.wi.gov>

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

ARCHITECT APPLICANT APPRAISAL FORM

Applicant's Name:			
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"/>	Application ID Number:	PAR-
<p>Note to Applicant: Provide replies from five (5) references having personal knowledge of your experience, three (3) of whom must be registered as an 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. The individual serving as a reference must upload completed form into LicensE.</p> <p>ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.</p>			
Applicant Signature (If unable to provide a digital signature, please print and sign form.)			Date
			<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Instructions for Individual Providing Reference: The applicant named above has applied for registration as an 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. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

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)

<input type="checkbox"/> As an associate	<input type="checkbox"/> As a student in my classes	<input type="checkbox"/> Other (specify in box below):
<input type="checkbox"/> In social or community affairs	<input type="checkbox"/> In professional societal activities	

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

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

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>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programming, including client contact
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site and environmental analysis
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schematic design
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building cost analysis
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Code research
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Design development
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction documents
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specifications and materials research
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documents checking and coordination
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bidding procedures
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction phase: Office (Continued next page.)

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(Continued from Page 1.) 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).

17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction phase: Observation
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office procedures
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional activities

20. List any other areas of architectural practice, which, in your opinion, provided the applicant with knowledge of architectural principles, and data equivalent to that which would be acquired by experience in the areas of practice listed on Page 1.

21. Describe related activities such as teaching, research, construction, or community services that the applicant has.

22. Provide information you have of the applicant's experience in the design and construction of buildings, including:

Dates Work Performed: From: / / To: / /

Location Work Performed:

Name of Supervisor:

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

24. In my opinion, this applicant is qualified to be registered as an Architect. Yes No

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

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

Name	<p>Affix seal or</p> <p>Indicate where registered, type of profession, and registration number below: (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Firm	
Title/Position	
Address (street, city, state, zip code)	
Daytime Telephone Number	
<input type="text"/> - <input type="text"/> - <input type="text"/>	
Signature (If unable to provide a digital signature print and sign form.)	
Date	
<input type="text"/> / <input type="text"/> / <input type="text"/>	