

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

Ship To: 1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: dsps@wi.gov
Website: <http://dsps.wi.gov>

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

ARCHITECT APPLICANT APPRAISAL FORM

Applicant's Name:													
Date of Birth:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> </tr> </table>												

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. **Forms must be forwarded by you to this office with your application.**

Instructions: 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.

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
 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:**

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
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

Wisconsin Department of Safety and Professional Services

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

25. 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)