

Architect Form 4 Verification of Supervised Experience

Applicant Instructions

1. Complete Section I. Be sure to sign and date item 9.
2. Send the entire form to a supervisor who will certify your experience and ask them to complete Section II and forward all pages of this form directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant. A separate Form 4 must be submitted for each supervisor you have had.**

Section I: Applicant Information

1. Social Security Number _____
(Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date Month Day Year
3. Print Name Last
 First
 Middle
5. Telephone/Email Address
Daytime Phone
 Home or Business

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address Home or Business
(You must notify the Department within 30 days of any address or name changes)
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State ZIP Code _____
Country/
Province _____
- Area Code Phone _____
Email Address (please print clearly)
 Home or Business _____
6. New York State DMV ID Number
(Driver or Non-Driver ID)

(Leave this blank if you do not have a New York State DMV ID Number)

7. Name at time of employment (if different than above) _____

8. Name of the supervisor you are sending this form to _____

9. I request and give my permission to the individual listed in item 8 above to complete Section II of this form and submit it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant Signature _____ Date _____

Section II: Verification of Supervised Experience (Please Print)

Instructions to Supervisor: Complete Section II, sign and date the affirmation and send the entire form to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant.**

Name of the applicant _____
(see Section I, item 3)

1. Name _____
Jurisdiction where licensed _____ License Number _____
Date licensed mo. day yr. Registration Expiration Date mo. day yr.

