

New Jersey Office of the Attorney General

Division of Consumer Affairs New Jersey State Board of Architects Interior Design Examination and Evaluation Committee 124 Halsey Street, 3rd Floor, P.O. Box 45001 Newark, New Jersey 07101 (973) 504-6385

Professional Reference Form for Certification as an Interior Designer

I. Section to be completed by Applicant:

The New Jersey State Board of Architects' Interior Design Examination and Evaluation Committee has received an application for certification in Interior Design from ______ of

Applicant's name

Applicant's address	City	State	ZIP Code

II. Section to be completed by Reference:

The above-named applicant has applied for certification under the Interior Design Certification Act and has identified you as a potential reference. Issuing certification to qualified interior designers safeguards the public's health, safety and welfare, maintains a high professional standard, and permits the applicant to utilize the title "Certified Interior Designer." Please give complete, accurate answers to the following questions. Please indicate "NA" in response to any question which you do not feel qualified to answer.

Ref	ference's name:		Telephone number:	
Ref	ference's address:			(include area code)
		Street address		
	City	State		ZIP Code
Ref	ference's title and occupation:	Licens	e/Certificate number:	
1.	List any additional professional licenses/c	ertifications which you	hold (if applicable):	
	Type (profession)	State	License/Certificate nu	ımber
	Type (profession)	State	License/Certificate nu	umber
2.	How long have you known the applicant?			
3.	In what capacity have you known the appl	licant?		

4.	Do you have any reason to doubt the moral character of the applicant?
	If "Yes," please explain

🗌 Yes 🗌 No

Date

5. Please provide any additional information which you would like the Committee to consider in connection with the applicant.

Please put a check on the performance level the applicant has exhibited in interior design services in each of the following areas of interior design.

Preparation of drawings	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Administration of drawings	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Preparation of schedules	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Administration of schedules	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Preparation of specifications	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Administration of specifications	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Furnishings	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Layouts	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Non-load bearing partitions	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Fixtures	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Cabinetry	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Lighting location and type	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Outlet location and type	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Switch location and type	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Finishes	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Materials	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
Interior construction not materially related	Satisfactory	Unsatisfactory	□ Unknown/Not Applicable
to or materially affecting the building systems			

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Return form promptly to:	New Jersey State Board of Architects
	Interior Design Examination and Evaluation Committee
	124 Halsey Street
	P.O. Box 45001
	Newark, NJ 07101

Signature