

VERIFICATION OF SUPERVISION - ARCHITECTS

Access this form via website at: cca.hawaii.gov/pvl

The applicant named below has applied for licensure by examination or endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board's rules require that an applicant for licensure must have worked for a specified number of years under the supervision of licensed architect(s). To verify this period of supervision, this form shall be completed by the applicant's supervisor and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, HI 96801.**

Name of Applicant:	Name of Supervisor:
Name of Employer:	Address of Supervisor:
1. The applicant worked under my supervision from _____ to _____ .	
Total Yrs _____ Mos _____ .	
2. During the time indicated above, I was licensed as an Architect :	
License No. _____ Date of Licensure _____ State _____	
3. What was the scope of your supervision?	
4. Please describe specific assignments given to applicant on projects while under your supervision:	
5. Other comments regarding the applicant:	

I hereby certify that the statements and answers contained in this verification regarding the person named as applicant are true and correct to the best of my knowledge; and the statements given regarding myself are true and correct.

Signature of Supervisor

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.