

**KY BOARD OF LANDSCAPE ARCHITECTS**  
1714 Perryville Road, Suite 200, Danville, KY 40422 – ky.labd@ky.gov  
**VERIFICATION OF WORK EXPERIENCE**  
1/2025

**Applicant Name:**

**Supervisor Name:**

\_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor phone number & email: \_\_\_\_\_

Duration of employment: From \_\_\_\_\_ To \_\_\_\_\_

Full or Part Time - Average # hours worked weekly: \_\_\_\_\_

Position or Title of Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Profession & State License # of Supervisor:

Landscape Architect – State \_\_\_\_\_ License # \_\_\_\_\_

Architect - State \_\_\_\_\_ License # \_\_\_\_\_

Engineer - State \_\_\_\_\_ License # \_\_\_\_\_

Primary work performed for employer/supervisor & division of time:

(Examples:

Project & Construction Management; Site Design; Inventory & Analysis; Grading, Drainage & Construction Documentation; Teaching/Research; Planting Design; On-site Construction, Maintenance or Installation)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below is my verification & declaration that the above answers are truthful to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_