

REINSTATEMENT APPLICATION—ARCHITECT

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Architect in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-25-314; and the Board rules, specifically 4.5. Both are available online at www.dora.colorado.gov/professions/architects.

Continuing Education. C.R.S. 12-25-315.5 requires all Architect licensees to maintain continuing education to practice architecture. See Board Rule 4.9.1 for reinstatement requirements.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. The affidavit is available on our website at www.dora.colorado.gov/professions/architects, or you may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

License Expiration Grace Period for Applicants. All applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between July 1, 2013 and October 31, 2013 will reflect a license expiration date of October 31, 2015. Licenses issued prior to July 1, 2013 will reflect an expiration date of October 31, 2013 and must renew in the upcoming renewal period.

- All Architect licenses expire on October 31 in odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply to reinstate your expired Colorado **Architect** license:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

If your license has been expired for two (2) years or less:

- DO NOT** complete or submit the Continuing Education Record, the Architecture Experience Summary, or the Architecture Experience Verification forms. Instead, certify that you have completed the required continuing education hours in the Competency to Practice section of this application.

If your license has been expired for more than two (2) years, demonstrate competency to practice:

- Complete an Architecture Experience Summary form**, using no more than three (3) pages. Summaries longer than three (3) pages will be returned and may delay your application.
 - List your work experience since the date your license expired in chronological order.
 - Explain your detailed responsibilities specifically in terms of your direct experience, e.g., “I designed...”, “I was responsible for the development of...”, not “I was involved with...” or “I participated in...”. The Board will be evaluating whether you have remained competent to practice architecture during the time since your license has been expired. Explaining how you have maintained your skills is helpful.
 - List your supervisor’s name, licensure status (i.e., Architect), company title, and name of company for each employment engagement.

NOTE: Failure to submit sufficient detail of your experience to determine your competency to practice may delay the processing of your application.

- Complete the Architecture Experience Verification form(s).** Use this form to acquire enough references to verify your work experience since the date your license expired to the present. Submit the references in their original sealed envelopes with your application.
 - The description of your experience on the Architecture Experience Verification form **MUST** be the same as that shown on your Architecture Experience Summary form for that employment engagement.
- Complete the Continuing Education Record.**

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Architects
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Professions and Occupations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

Select a license status:

- Reinstatement with **ACTIVE** status.
- Reinstatement with **INACTIVE** status. I understand that it is unlawful to practice architecture in Colorado with an inactive license.

Colorado Architect License Number:

Date License Expired:

PART 1—APPLICANT INFORMATION

Name: Last:		First:	Middle:	Suffix:
Previous Name(s):				
Social Security Number: *		Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):				
Mailing Address:		PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:		
Daytime Telephone Number: ()		E-mail Address:		
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		

PART 2—LICENSE INFORMATION

Why did you let your license expire?
Why would you like to reinstate your license at this time?
Since the date your license expired, did you offer to practice and/or practice as an Architect in the state of Colorado? <input type="checkbox"/> YES <input type="checkbox"/> NO
➤ If YES , provide an explanation:

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

PART 2—LICENSE INFORMATION (Continued)

List below each jurisdiction in which you are or have been licensed as an Architect (if necessary, attach an additional sheet in the same format). If not applicable, enter N/A.

State	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are there pending complaints against you in any other jurisdictions? YES NO

PART 3—COMPETENCY TO PRACTICE

(Complete only if you are reinstating into **ACTIVE** status)

If your license has been expired two (2) years or less:

- By checking this box, I certify that I have obtained the required number of Continuing Education Hours (CEHs) of continuing education as outlined in Board Rule 4.9.1.

NOTE: DO NOT complete the Continuing Education Record, Architecture Experience Summary, or Architecture Experience Verification forms.

If your license has been expired for more than two (2) years, demonstrate competency to practice:

- Provide proof of obtaining 24 Continuing Education Hours of continuing education using the attached Continuing Education Record; **AND**
- Submit proof that you have maintained an active license in another jurisdiction or otherwise are still competent to practice architecture. You must summarize your experience by completing the Architecture Experience Summary form (attached) and have your work experience verified by submitting at least one completed Architecture Experience Verification form (attached) in a sealed envelope that verifies the entire span of time since your license expired.

PART 4—MILITARY

Are you a Member of the U.S. military? YES NO

➤ If **YES**, provide information below:

Branch:	Duty Station:
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PART 5—SCREENING QUESTIONS

You must provide the following for each “YES” response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

- | | |
|--|--|
| 1. Have you ever been denied licensure as an architect or been disciplined with regard to the practice of architecture or practiced architecture in violation of this state’s law or any other jurisdiction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you ever been arrested, charged, convicted, and/or pled guilty to a felony, or had a plea of <i>nolo contendere</i> accepted by the court, under the laws of this state or any other jurisdiction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as an Architect safely and competently? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever sold or fraudulently obtained or furnished a license or renewal of a license to practice architecture? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you engaged in conduct which was intended, or reasonably may have been expected, to mislead the public into believing that you were an architect in Colorado? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have you advertised, represented, or held yourself out in any manner as an architect in Colorado without a Colorado license? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Have you stamped any drawings, specifications, reports or other professional work in Colorado without a Colorado license? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Have you used the title “architect” in connection with the practice of architecture in Colorado without a Colorado license? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as an Architect safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

ARCHITECTURE EXPERIENCE SUMMARY—REINSTATEMENT

ALL INFORMATION MUST BE COMPLETED IN ORIGINAL INK OR TYPED ON NO MORE THAN 3 PAGES.

APPLICANT NAME: _____

Page _____ of
_____ pages

<p>Dates of Work In <u>Chronological</u> <u>Order</u></p>	<p align="center">List your Title, Company Name and a DETAILED description of your responsibilities for all jobs since your license expired</p> <p align="center">ACCOUNT FOR ALL GAPS IN EMPLOYMENT (e.g. school, unemployed, traveling, etc.)</p> <p>NOTE: Failure to submit sufficient detail of your experience to determine your competency to practice may delay the processing of your application.</p>	<p align="center">Supervisor Name, Licensure Status, Title and Company</p>	
<p>Do not overlap dates</p> <p>From To mo/yr mo/yr</p>			

ARCHITECTURE EXPERIENCE VERIFICATION—REINSTATEMENT

APPLICANT: Complete this page 1 and insert your name at the top of page 2.

APPLICANT NAME AS IT APPEARS IN BOARD RECORDS:

Mailing Address: Company Name:
 PO Box, Street:
 City, State, Zip:

Daytime Telephone Number: ()

E-mail Address:

REFERENCE NAME:

Dates of Work		List Title, Company Name, and a DETAILED description of your job responsibilities since your license has been expired indicative of your competency to practice This must be the same description of the engagement from the Architecture Experience Summary form.	Name of Reference Verifying Experience, Licensure Status, Title and Company
From mo/yr	To mo/yr		

APPLICANT: Provide this completed page 1, and page 2 with your name at the top, to your reference to fill out. Completed pages 1 and 2 must remain in the sealed and signed envelope as returned to you by your reference and included with your application.

APPLICANT NAME: _____

REFERENCE: Review the Applicant's description on page 1 and answer the questions below.

- Do not complete this form in the Applicant's presence—the information you provide is confidential.
- After completing the page below, place both pages 1 and 2 of this form in a business size envelope.
- Seal the envelope and sign your name across the flap on the backside of the envelope.
- Return the sealed envelope directly to the applicant—do not send it to the Board office.
- Note that the Applicant will only get credit for this experience if this form is completely filled out and it is received from the Applicant in the original, sealed envelope that you have personally signed on the back.

1.	Do you concur with the description of experience, including dates, and duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																				
2.	My business or profession is: _____																																						
3.	My professional relationship to the Applicant is/has been: <input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Associate <input type="checkbox"/> Reviewed Work <input type="checkbox"/> Other: _____																																						
4.	Are you related to this Applicant by blood, marriage or adoption?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No																																				
5.	I am a licensed architect in the state(s) of: _____ License Number: _____																																						
6.	I have known the Applicant for: _____ (years/months) From: ____ / ____ / ____ To: ____ / ____ / ____																																						
7.	My appraisal as to how this Applicant has performed regarding skills, knowledge and responsibility appropriate for a licensed Architect is: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/> Don't Know																																						
8.	Do you consider the Applicant technically qualified to be a licensed Architect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*																																				
9.	I have personally seen and reviewed the Applicant's work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																				
10.	My appraisal of the Applicant's performance is:																																						
	<table border="1"><thead><tr><th>FACTOR</th><th>SATISFACTORY</th><th>UNSATISFACTORY</th><th>DON'T KNOW</th></tr></thead><tbody><tr><td>Technical Competence</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Judgment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Professional Integrity/Ethics</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Project Communications</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Independent Decision Making</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Coordination of Project Staff</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Code/Regulatory Knowledge</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Responsible Charge Capability</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	FACTOR	SATISFACTORY	UNSATISFACTORY	DON'T KNOW	Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional Integrity/Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of Project Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Code/Regulatory Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible Charge Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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* **REMARKS:** Explanation to starred responses above and/or comments about the Applicant's qualifications

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Reference Name:	Title:
Reference Company Name:	
Reference Company Address:	P.O. Box, Street:
	City, State, Zip:
Daytime Telephone Number: ()	E-mail Address:

In accordance with C.R.S. 18-8-503 and 18-8-501 (2) (a) (I), false statements made herein are punishable by law. I state under penalty of perjury as defined in C.R.S. 18-8-503, that the information contained on this form is true and correct to the best of my knowledge.

Reference Signature _____

Date _____