



**NEVADA STATE BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN**

2080 E. Flamingo Rd., Suite 120  
Las Vegas, NV 89119

(702) 486-7300 – phone  
[nsbaidrd@nsbaidrd.nv.gov](mailto:nsbaidrd@nsbaidrd.nv.gov)

**Letter of Reference**

For: \_\_\_\_\_  
(Applicant)

To: \_\_\_\_\_  
(Reference)

The above-named person is an applicant for **RESIDENTIAL DESIGN EXAMINATION** registration and has submitted your name as a reference. Please complete the following questions regarding the applicant's character, qualifications and fitness for registration and **return it to our office at the mailing or email address above.**

1. During what years did you know the applicant well? \_\_\_\_\_
2. Are you related to the applicant? \_\_\_\_\_ If so, How? \_\_\_\_\_
3. Would you employ the applicant in a position of trust? \_\_\_\_\_
4. If you have been a coworker or an employee of the applicant, please tell us the general nature of your relationship with the applicant and an evaluation of the applicant's work.
5. If you required the services of a professional for work commensurate with the applicant's experience, would you be willing to employ the applicant? \_\_\_\_\_
6. Do you recommend the applicant for registration? \_\_\_\_\_
7. Please state your professional registration number. \_\_\_\_\_
8. Please affix your stamp or seal in the lower left corner of this form. If a stamp or seal is not required by your state of registration, please indicate so and attach a copy of your current registration card or certificate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Affix seal or stamp here

\_\_\_\_\_  
Print or type name