

ARKANSAS STATE BOARD
OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS



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REGISTERED INTERIOR DESIGNER INITIAL APPLICATION FOR LICENSURE
Form B

Applicant Name:

I have submitted an application to become a Registered Interior Designer in the state of Arkansas. Please complete this letter of reference and return it to me sealed in an envelope. As this reference is to be used only in the evaluation of my application, it will remain confidential.

Signature of Applicant

Printed Name of Applicant

Date

INSTRUCTIONS: Please comment on the applicant. Attach additional sheets if necessary.

Scope of Services
or Responsibilities

Employment Start Date: End Date:

Ethics and
Business
Practices

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT. YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE WILL ENSURE YOUR CONFIDENTIALITY.

Supervisor Name: Your Position/Title:

Business Name: Daytime Phone:

Address:

City: State: Zip Code:

Signature of Supervisor

Date