Name of Reference _____

THIS FORM MUST BE COMPLETED THOROUGHLY

EXPERIENCE REFERENCE **Date** _____

_____ has submitted an application to the Minnesota Board for certification as a
(Name of Applicant)
Certified Interior Designer under the Act to regulate the use of the title Certified Interior Designer, Section 326.02 to 326.15 Minnesota Statutes.

The applicant has referred to you as having knowledge of his/her personal and professional qualifications. The Board requests your cooperation in making its evaluation of the applicant more complete by giving a true answer to the following questions. These answers are to be given by you of your own personal knowledge, without assistance from the applicant. The record of the applicant, as recorded here by you, will be accepted by the Board as a deliberate act made for the express purpose of acquainting the Board with the facts, as you see them, relative to the applicant's competency in the profession for which she/he has applied for certification. All information secured from references is for use by the Board. **Complete all of the information requested below and make any additional comments that may be of value to the Board in evaluating this application. This form must accompany the Practical and Professional Experience page(s) on which you initialed next to the applicant's interior design work experience you can substantiate.**

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO EMPLOYER.
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference source(s) and recipients(s) from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of AELSLAGID by the reference.

Signed: _____ Date: _____

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1. How many years have you known the applicant? _____

- During what specific period of time (month/year to month/year): _____

2. What is the applicant's usual and customary occupation? _____

3. What has been your association with the applicant?

- Employee___ Business Partner___ Professional Associate___ Other: (please explain)_____
- Explain the nature of the association: _____

_____

Signature:_____**Date**_____

(Reference licensed or certified and in good standing)

Printed name of reference: _____

Licensed in the state(s) of _____

Profession(s) _____

NCIDQ Certificate Number _____

Remarks:_____

_____

_____

_____

_____

Signature: _____**Date** _____
(Reference NOT licensed or certified and in good standing)

Printed name of reference: _____

Profession(s) _____

NCIDQ Certificate Number _____

Mail form to:

MN Board of AELSLAGID

85 E 7th Place, Suite 160

St. Paul, MN 55101

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