

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

(785) 296-3053 | <http://ksbtp.ks.gov>

APPLICATION FOR PROFESSIONAL ENGINEER LICENSURE BY RECIPROCITY

INSTRUCTIONS

Application by reciprocity is for individuals currently licensed in another jurisdiction who are seeking licensure in Kansas as a Professional Engineer.

Applicants not already licensed should use the "Application for the PE Exam" available on the Board website.

- Applicants should read all instructional guidance in this application as well as KSBTP statutes, rules and regulations for specific details regarding requirements.
- **Be sure your application is complete.** An incomplete application will be retained by the KSBTP for one calendar year from date of receipt at which time the applicant will be required to reapply.
- Handwritten applications will not be accepted. Type into the application's form fields, print it, and then complete it with an original, wet signature before mailing. Electronic signatures or photocopies of your signature are not acceptable.
- If you will be practicing or offering to practice through a business entity in Kansas, the business entity must receive a Certificate of Authorization from the KSBTP in order to be in compliance with the law in this state.

Steps

1. Decide whether or not you are submitting an NCEES Council Record, then follow the instructions listed below in either "Instructions Part 2" or "Instructions Part 3."
2. After completing the application per the instructions below, print and sign the application with wet ink.
3. **Mail the completed application, application fee (see below), and any required supporting documentation to the Board office at the address provided above.**
 - This application requires a non-refundable fee of **\$250.00**. Make check or money order payable to: *Kansas State Board of Technical Professions*. Cash and credit card are not accepted.

Instructions Part 2

Whether or not you submit an NCEES Council Record impacts what information you must provide to the Board.
Please follow the instructions below that match your decision:

If you **ARE** submitting an NCEES Council Record:

- Check that your council record is up-to-date, then request that NCEES transmit a copy to the Kansas Board.
- Complete pages 5-8 of the application to include the Professional Experience Record.
- Complete steps 2-3 above.

If you are **NOT** submitting an NCEES Council Record:

- Complete pages 5-8 of the application.
- Request final, official transcripts in English for all educational credit claimed. The transcript must show the degree(s) awarded and the date(s) of graduation. **Do not open the transcript record.** Forward it as sealed by the institution or have it mailed or e-mailed directly to our office. **If your degree(s) are from non-EAC/ABET-accredited programs, see "Education Evaluation Guidelines" on page 3 for additional requirements.**
- Use account.ncees.org to request verification of:
 - FE and PE scores from the state(s) where you took the exams. If you passed your FE in Kansas, we already have your scores and you do not need to request them.
 - Licensure from another state. If the state does not participate in electronic verification, use the verification form located on the website under Forms >> Individuals
- Review the guidelines on pages 3-4 for Experience Verification Requests and Professional Reference Requests. The request forms can be found on pages 9-10.
- Send appropriate verification and professional reference request forms to your references.
- Complete steps 2-3 above.

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Instructions Part 3

If you are a military spouse, military service member or an individual who has established or intends to establish residency in Kansas and are seeking licensure under K.S.A. 48-3406, please complete pages 5-8 and page 11 of this application and submit the required information and documents. The application will be considered complete when all forms, documentation, signed affidavit and application fee have been received.

Completed applications for military spouses and military service members will be processed within 15 days of receipt. Applications for residents and individuals intending to establish residency in Kansas will be processed within 45 days.

Additional Guidance for Application Requirements

EDUCATION EVALUATION GUIDELINES

FOREIGN EDUCATION:

Applicants who have been educated outside the United States and whose engineering program is not recognized under the Washington Accord** must have their degree(s) evaluated by NCEES. Education must meet the minimum number of engineering science and engineering design credits required in an EAC/ABET-accredited degree.

**Use the [International Engineering Alliance website](#) "Qualification Checker." Select your country from the drop down and then select "Washington Accord." You will be sent to a site that contains a list of accredited programs for your country. If you received your degree from an accredited program you may have the transcripts sent directly to KSBTP.

DOMESTIC EDUCATION:

Applicants who have been educated in the United States, **but their degree program is not EAC/ABET accredited**, must have their degree evaluated by NCEES to determine if their degree program meets the minimum requirements for engineering science and engineering design credits.

The original evaluation report must be sent directly from NCEES to the Kansas Board No copies will be accepted.

NCEES Credentials Evaluations
P.O. Box 1686, Clemson, SC 29633
Phone: (800) 250-3196 | Website: www.NCEES.org

EXPERIENCE VERIFICATION REQUESTS

Applicants are required to have **at least one licensed professional engineer** verify four years of work experience recorded on their "Professional Experience Record" (found on page 7). Please see detailed requirements for experience and verification in K.A.R. 66-10-9 below.

Complete the top portion of the "Experience Verification Request" form included in this application on page 9 and submit to the licensed person(s) verifying your work experience. Completed verifications must be mailed directly to the Board office and may not be submitted by the applicant.

- You may request as many verifications from professional licensees as you need to verify four years of experience.
- Professional licensees verifying your experience may not be related to you by blood or marriage.
- Experience verification forms may be handwritten.

66-10-9. Engineering experience of a character that is satisfactory to the board. (a) The work experience required of each applicant shall expose the applicant to all phases of work integral to the discipline of engineering in which the applicant claims qualification to practice and shall be verified as specified in paragraph (b)(2).

(b) Engineering work experience shall meet the following requirements:

- (1) Fall within the definition of "the practice of engineering" pursuant to K.S.A. 74-7003, and amendments thereto;
- (2) be directly supervised and verified by a licensed professional engineer. However, direct supervision by a licensed professional engineer shall not be required of the employees of any person, firm, or corporation not offering services in the technical professions to the public, although verification by the applicant's supervisor shall still be required; and
- (3) include at least two years of work experience, which shall have been gained in the United States.

(c) The following requirements and provisions shall be used to assign credit for work experience:

- (1) The applicant shall demonstrate four years of acceptable work experience.
 - (2) One year of credit toward the experience requirement may be given for a master's or doctoral degree in engineering, unless that degree is used to satisfy the educational requirement described in K.A.R. 66-9-4(b). Credit for concurrent experience shall not be granted if the applicant is working full-time while earning a master's degree and that master's degree is received less than four calendar years from the date of the baccalaureate degree.
 - (3) Teaching engineering at a college or university that offers an engineering curriculum accredited by the engineering accreditation commission of the accreditation board for engineering and technology (EAC/ABET) of four years or more may be considered engineering experience.
 - (4) Work experience credit shall not be allowed for work performed before graduation with the baccalaureate degree.
- (d) Each applicant shall supply at least three references from professional engineers who are licensed in the United States and are familiar with the applicant's engineering experience.

(Authorized by K.S.A. 2012 Supp. 74-7013; implementing K.S.A. 2012 Supp.74-7021; effective May 1, 1984; amended April 9, 1990; amended May 4, 1992; amended Feb. 14, 1994; amended Feb. 13, 1995; amended Nov. 1, 2002; amended Feb. 3, 2006; amended Jan. 5, 2007; amended Nov. 6, 2009; amended Dec. 27, 2013.)

PROFESSIONAL REFERENCE REQUESTS

Applicants are required to provide three references that can reflect on diversity of their experience and are personally acquainted with their professional reputation. A completed experience verification form counts as a reference. If you have at least three licensed professional engineers verifying your engineering experience on the "Experience Verification Request" forms, you do not need to provide other professional references. Should you need to provide additional references that have not been in direct supervision of your work to meet the requirements listed in K.A.R. 66-10-9 (provided on page 3), please use the "Professional Reference Request" form included in this application.

- K.A.R. 66-10-9(d) requires each reference to be licensed as a professional engineer in the United States and be familiar with the applicant's engineering experience.
- Professional references may not be related to you by blood or marriage.
- Reference forms may be handwritten.

Send each reference a "Professional Reference Request" form to complete (page 10). Completed references must be mailed directly to the Board office and may not be submitted by the applicant.

EXPERIENCE / REFERENCE EXAMPLES

1. Applicant has four years of experience verifiable by one licensed professional engineer supervisor.

Applicant may meet requirements with:

- One experience verification form verifying a total of four years and
- Two licensed professional references

2. Applicant has worked several engagements supervised by different licensed professional engineers to obtain four years of total engineering experience.

Applicant may meet requirements with:

- Three or more experience verification forms verifying a total of four years
- OR
- Two experience verification forms verifying a total of four years and
 - One licensed professional reference

3. Applicant's engineering experience was not required to be supervised by licensed professional engineer due to the person, firm, or corporation not offering services in the technical professions to the public.

Applicant may meet requirements with:

- One or more experience verifications submitted by unlicensed supervisors to verify a total of four years; At least two years of work experience shall have been gained in the United States.
- If only one experience verification form is needed to verify a total of four years, applicant must request licensed professional references to meet the minimum requirement of three references total.

4. Applicant is unable to obtain verification of four years of engineering experience from licensed professional engineer supervisors. Additional documentation may be required.

Applicant may request the Board review:

- Experience verifications submitted by indirect supervisors of their work that are licensed professional engineers
- Experience verifications submitted by non-supervisory professional engineers directly familiar with their work
- Professional references

If you require additional assistance regarding application requirements or in completing the Professional Engineer by Reciprocity Application, please contact the Kansas Board in one of the following ways:

Send an e-mail to Board office staff at KSBTPAdmin@KS.GOV with your inquiry and a staff member will answer as soon as possible. You may also send a request for phone call to this e-mail address and a staff member will call the phone number you provide within one business day to assist you.

Call the Board office directly at (785) 296-3053.

Kansas State Board of Technical Professions Office Hours
Monday through Friday
8:00 a.m. CST – 4:30 p.m. CST

APPLICATION FOR PROFESSIONAL ENGINEER LICENSURE BY RECIPROCITY

Part 1: Applicant Information

Note: If any of the information below changes after you submit this application, you must notify the Board immediately in writing (changes cannot be accepted by phone).

Name: _____ Maiden Name: _____ Gender: Female
 Male
 Prefer Not to Answer

Date of Birth: _____ Social Security Number: _____

Citizenship: Are you a U.S. Citizen? Yes No If **no**, please attach a copy of your alien registration.

Contact Information:

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Foreign applicants: Provide state within your country above if applicable.

This address is my (check one): Home Business

If **business**, list name: _____

Preferred Phone Number: _____ Cell Home Business

Email Address: _____

Note: You must have an email on file to receive correspondence regarding application status as well as future renewal notices.

Part 2: License Information

- Fundamentals of Engineering Exam** Information:
State Where Taken: _____ Date of Exam: _____ License or Certificate Number Issued: _____
- Professional Engineering Exam** Information:
State Where Taken: _____ Date of Passed Exam: _____ License Number Issued: _____
List the discipline of the PE exam that you passed: _____
- Have you ever had a professional license disciplined, denied, surrendered, suspended or revoked? If **yes**, provide a statement of explanation on a separate sheet of paper. Yes No
- List all other states where currently licensed: _____

- Will you be submitting an NCEES Council Record?
 Yes— Complete pages 5-8 of the application and have NCEES transmit your Council Record.
 No — Complete pages 5-8 of the application and complete other steps as noted on page 1 (or 2) in "Instructions Part 2 or Instructions Part 3".

Part 3: Education

1. List all degrees obtained. **You must submit a final, official transcript** for all educational credit claimed.

College/University Attended	City, State, Country	Date Graduated	Degree Received

2. If none of the degrees above are from an EAC/ABET-accredited institution, are you submitting the required degree evaluation (see Instructions Part 2)? Yes No N/A

Part 4: Certificate of Authorization

1. Will you be practicing, contracting or offering to practice a technical profession through a new business entity in Kansas once approved for licensure? Yes No
- If **YES**, once the principal in responsible charge has been issued an individual Kansas license, submit a complete application for a KSBTP **Certificate of Authorization for a Business Entity** available on our website at <http://ksbpt.ks.gov>.
 - K.S.A. 74-7036 requires a business entity practicing or offering to practice a technical profession in Kansas to obtain a KSBTP Certificate of Authorization.

2. Will you be practicing, contracting or offering to practice a technical profession through an established business entity in Kansas once approved for licensure? Yes No
- If **YES**, complete the following:
 Business Entity Name: _____ Certificate of Authorization # _____

Part 5: Signature

Read the statements below and **sign** and **date**. *Please note: electronic, digital, photocopied, or stamped signatures will not be accepted by the Board.*

- I have read and will comply with KSBTP Statutes, Rules and Regulations.
- I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
- I have not represented myself as a professional engineer without proper licensure, either verbally or on any printed matter, in the State of Kansas, nor will I do so until such time as my license or certificate has been issued by the Kansas State Board of Technical Professions; and
- I have not performed or offered to perform professional engineering without proper licensure in the State of Kansas, nor will I do so until such time as my license has been issued by the Kansas State Board of Technical Professions.
- If I have ever been convicted of a felony or had any disciplinary or administrative action taken against my license in another jurisdiction I will attach to this application a letter of explanation and supporting documentation. **Please mark if you have ever been convicted of the following:**
 Felony Disciplinary Action Administrative Action

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT:

Signature

Date

PROFESSIONAL EXPERIENCE RECORD INSTRUCTIONS

Please read the following instructions and view the sample record below before completing the blank experience record found on page six:

- **In column 1:** Enter a number for each separate engagement.
- **In column 2 and 3:** Enter month and year (MM/YY) of ALL engagements (engineering, non-engineering, and times of unemployment) in **chronological order** beginning with the date the baccalaureate degree was conferred. Engagements can be divided by company, by job title, or time of unemployment. There may be NO gaps in time between engagements from date of graduation to present day.
- **In column 4:** State the title of your position, and the name and address of your employer. If you have been employed by more than one employer each is considered a separate engagement. Engineering engagements must be explained in detail **giving at least two specific project examples**. Non-engineering or unemployment entries need only a brief explanation of activities during those times and do not require references.
- **In column 5:** Using years and months, enter the **total** time spent on the engagement (or time of unemployment).
- **In column 6:** Enter the portion of your time spent in engineering work within the engagement.
- **In column 7:** Enter the name, state of licensure, and professional license number of the individual who will verify the engagement. A total of **four years of engineering experience** must be verified by **at least one licensed professional engineer** in direct supervision of the applicant to meet Kansas requirements. If the supervisor is not licensed, additional experience verification from licensed engineers is required. Experience verification is required even if experience is exempt from the direct supervision of a licensed engineer. *NOTE: Any engineering work performed after May 1, 1998 must be under the direct supervision of a licensed professional engineer, except that direct supervision of a licensed professional engineer is not required of the employees of any person, firm, or corporation not offering services in the technical professions to the public, K.A.R. 66-10-9(b)(2).*

1	2	3	4	5	6	7
Engagement Number	Dates		Experience or Time Gap Explanations	TOTAL Time YR/MO	ENG. Time YR/MO	Verifying Professional
	From: MM/YY	To: MM/YY				
1	06/01	12/01	Unemployment Seeking employment after graduation	0yr/6mo	0	None
2	01/02	06/03	Employee Title Sample Business Name 900 SW Jackson, Ste 507 Topeka, KS 66612 Project 1: Project Name/Location Intern Engineer for design, procurement, construction and operation of Hot Gas Decontamination System for decontamination of equipment and structures contamination with chemical agent. The process uses thermal desorption and thermal destruction to decontaminate facilities. Project 2: Project Name/ Location Intern engineer for design and performance specification for hazardous groundwater treatment plan to treat contaminated groundwater removed from monitoring wells at facilities.	1yr/6mo	1y/6mo	Jane Doe, KS PE01234
TOTALS:				2yr/0mo	1y/6mo	

PROFESSIONAL EXPERIENCE RECORD

Applicant Name: _____

See instructions on previous page. To report additional experience, save or print your completed form, then clear it and enter next engagements.

1	2	3	4	5	6	7
Engagement Number	<u>Dates</u>		Experience or Time Gap Explanations	TOTAL Time YR/MO	ENG. Time YR/MO	Verifying Professional
	From: MM/YY	To: MM/YY				
TOTALS:						

KSBTP REFERENCE SUMMARY FORM

APPLICANT NAME: _____

Please list the name and license number of the supervisor that will be verifying each engagement.

ENGAGEMENT	NAME OF SUPERVISOR	PROFESSIONAL LICENSE NUMBER

NOTE: Supervisor must be licensed in order to receive credit for any experience after May 1, 1998. If supervisor is not licensed, exemption from direct supervision of licensed engineer form on following page must be submitted **along with** the unlicensed supervisor's reference form.

LIST OTHER REFERENCES WHO ARE LICENSED

(ONLY IF YOU HAVE NOT LISTED A MINIMUM OF 3 LICENSED PE SUPERVISORS ABOVE)

NAME	LICENSE NUMBER

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

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EXPERIENCE VERIFICATION REQUEST

APPLICANT

Applicant Name: _____ Name of Employer: _____

Employer Address: _____

Phone: _____ Position Title: _____ Name of Supervisor: _____

Instructions: List the engagement's details as entered on your experience record to be verified by the reference below.

Engagement Number	Dates		Experience to be Verified by Supervisor Below	TOTAL Time YR/MO	ENG. Time YR/MO
	From: MM/YY	To: MM/YY			

VERIFICATION FROM SUPERVISING ENGINEER OR SUPERVISOR

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety, and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization, but for licensure as a professional engineer in Kansas. **Your professional seal is required on this form. If you have no seal, please send a copy of your license, pocket card, or online verification. RETURN FORM DIRECTLY TO THE KANSAS BOARD AT THE ADDRESS ABOVE. DO NOT RETURN TO APPLICANT.**

Supervisor Name: _____ Title: _____ Phone: _____

Name of Employer: _____ Email: _____

Address of Employer: _____

License #: _____ State License Issued In: _____ Year Issued: _____

I HAVE KNOWN THE APPLICANT FOR _____ YEARS, FROM _____ TO _____ (MM/YYYY)

IS THE INFORMATION LISTED ABOVE CORRECT AS STATED? YES NO If no, explain on separate sheet.

HOW MANY YEARS HAS APPLICANT BEEN ENGAGED IN ENGINEERING WORK? ____ IN RESPONSIBLE CHARGE? ____

WOULD YOU RECOMMEND THIS APPLICANT BE LICENSED? YES NO

Please Rate the Applicant's	Excellent	Satisfactory	Poor
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature _____

Date _____



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PROFESSIONAL REFERENCE REQUEST

APPLICANT

Applicant Name: _____

Explain Relationship to Professional Reference: _____

REFERENCE

The applicant listed above has given your name as someone that can reflect on the diversity of their experience and is personally acquainted with their professional reputation. The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety, and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization, but for licensure as a professional engineer in Kansas. Please complete the reference section to the best of your ability and **RETURN FORM DIRECTLY TO THE KANSAS BOARD AT THE ADDRESS ABOVE. DO NOT RETURN TO APPLICANT.**

Reference Name: _____ Title: _____ Phone: _____

Name of Employer: _____ Email: _____

Address of Employer: _____

License #: _____ State License Issued In: _____ Year Issued: _____

I HAVE KNOWN THE APPLICANT FOR _____ YEARS, FROM _____ TO _____ (MM/YYYY)

PROFESSIONAL RELATIONSHIP TO APPLICANT _____

HOW MANY YEARS HAS APPLICANT BEEN ENGAGED IN ENGINEERING WORK? ___ IN RESPONSIBLE CHARGE? ___

WOULD YOU RECOMMEND THIS APPLICANT BE LICENSED? YES NO If no, please explain in comment below.

Please Rate the Applicant's	Excellent	Satisfactory	Poor
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT



Signature _____

Date _____



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K.S.A. 48-3406 APPLICANT QUESTIONS

Applicants applying under K.S.A. 48-3406 must provide the following information. Please visit <http://www.kslegislature.org> for more information and to review the bill in its entirety.

- 1) Are you a current or former military service member? Yes No
If yes, please provide a copy of your DD214 or other proof of military service.
- 2) Are you a military spouse? Yes No
If yes, please provide a copy of your marriage certificate and your spouse's DD214 or other proof of military service.
- 3) Are you a current resident of Kansas? Yes No
If yes, please provide proof of Kansas residency (mortgage/lease, etc.)
*Please note residency is not required for reciprocal licensure.
 Yes No
- 4) Do you intend to establish residency in Kansas?
If so, when and where? Please provide proof of intent to establish residency.
- 5) Are you the subject of an unresolved complaint or disciplinary proceeding in another jurisdiction? Yes No
- 6) Have you surrendered your license in another jurisdiction to avoid disciplinary action? Yes No
- 7) Do you hold a current valid license in another state? Yes No
 - a) What state or states are you licensed in?
 - b) Have you worked at least one year licensed in the profession? Yes No

Affidavit:

(1) If executed outside this state: 'I declare under penalty of perjury under the laws of the state of Kansas that the foregoing application is true and correct.

Executed on (date): _____ Signature: _____

(2) If executed in this state: 'I declare under penalty of perjury that the foregoing application is true and correct.

Executed on (date): _____ Signature: _____

EXPERIENCE VERIFICATION REQUEST

APPLICANT

Page 1

Applicant Name: Katherine Victoria "Tori" Ligon Name of Employer: Walter Robbs Architects, a Michael Graves Company
 Employer Address: 530 North Trade Street, Suite 301, Winston-Salem, North Carolina 27101
 Phone: 336-725-1371 Position Title: Intern Architect Name of Supervisor: Rence Callahan

Instructions: List the engagement's details as entered on your experience record to be verified by the reference below.

Engagement Number	Dates		Experience to be Verified by Supervisor Below	TOTAL Time HOURS	ARCH. Time HOURS & PROGRAM
	From: MM/YY	To: MM/YY			
2	08/95	08/99	Intern Architect at Walter Robbs Architects Project 1: Wachovia (Wells Fargo) Linden Center, Winston-Salem, NC Scope: \$20 million, fast-tracked addition and renovation of an existing, vacant factory, and tenant upfit project. Final project housed 750 employees and included 240,000 sq. ft. of offices, critical banking operations, solarium, fitness center, and cafeteria. Project 2: Wachovia (Wells Fargo) West End Center Operations, Winston-Salem, NC Scope: Multiple, related projects including renovation and conversion into offices, critical computer spaces, fitness center, parking structure and food service space	4yrs 0mo	4yrs 0mo

VERIFICATION FROM SUPERVISING ARCHITECTS OR SUPERVISOR

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety, and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization, but for licensure as an architect in Kansas. Your professional seal is required on this form. If you have no seal, please send a copy of your license, pocket card, or online verification.
RETURN FORM DIRECTLY TO THE KANSAS BOARD AT THE ADDRESS ABOVE. DO NOT RETURN TO APPLICANT.

Supervisor Name: Rence Callahan Title: Sr Partner, Architect Emg Phone: 336-725-1371
 Name of Employer: Walter Robbs Architects, a Michael Graves Company Email: rcallahan@michaelgraves.com
 Address of Employer: 530 North Trade Street, Suite 301, Winston-Salem, North Carolina 27101
 License #: 3412 State License Issued In: North Carolina Year Issued: 1980

I HAVE KNOWN THE APPLICANT FOR 29 YEARS, FROM 08/1995 TO Present (MM/YYYY)
 IS THE INFORMATION LISTED ABOVE CORRECT AS STATED? YES NO If no, explain on separate sheet.
 HOW MANY YEARS HAS APPLICANT BEEN ENGAGED IN ARCHITECTURAL WORK? 29 IN RESPONSIBLE CHARGE? 6 YES NO
 WOULD YOU RECOMMEND THIS APPLICANT BE LICENSED? YES NO

Please Rate the Applicant's	Excellent	Satisfactory	Poor
Professional Reputation	xxx		
Technical Knowledge	xxx		
Competence	xxx		

OTHER COMMENTS: Tori also worked for me 12/2000 - 10/2003.

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

H. Callahan Signature 6-18-24 Date

