## INTERIOR DESIGN EXAMINING BOARD 200 EAST GRAND, SUITE 350, DES MOINES, IA 50309 515-725-9022 Email: <a href="mailto:InteriorDesignBoard@iowa.gov">InteriorDesignBoard@iowa.gov</a>

The Board is requesting additional information (either client or employer). If employer verification meets or exceeds 3,250 hours then no client verification is required.

TO BE COMPLETED BY THE APPLICANT	
Applicant's Name:	
Business Name and Address:	
Name and Position of Person/Employer Co	ompleting this Form:
Period of Employment (Month and Year) F	FROM TO
TO BE COMPLETED BY THE EMPLOYER or CLIENT	
right to ask for references or additional doc experience. "Interior Design" means the design of into to space planning, finish materials, furnish	en evaluating the applicant's experience. Board reserves the cumentation when necessary to validate interior design erior spaces including the preparation of documents relating ings, fixtures, and equipment, and the preparation of tion that does not affect the mechanical or structural systems
	clude services that constitute the practice of architecture or
Please indicate if services or employment experience included the following areas:	
Yes No Interior space planning	
Yes No Specification of interior fin	ish materials
Yes No Specifications of interior for	urnishings, fixtures and equipment
Yes No Preparation of documents relating specifically to interior construction that does not affect the mechanical or structural systems of a building	
Would you recommend this applicant for registration?	
Please use this space to explain. Use additional sheets if necessary.	
This information is true, correct and complete to the best of my knowledge:	
Signature of Reference	Date:
Title:	

Please <u>SIGN OVER THE FLAP</u> and return the <u>SEALED</u> envelope to the applicant for submission.