IOWA | Department of Inspections, Appeals, & Licensing

Interior Design Registration Work Verification Form

Section One to be completed by the Applicant

Applicant Name:_____
First Middle Last

Firm Name: _____

Supervisor Name: _____

Description of Work:
Description of work must accurately, briefly, and concisely describe the character of the work, the degree of responsibility, and the location of work.

Date of Employment (mm/dd/yy) From:_____ To:_____

Number of hours worked per week: _____

Section Two to be Completed by the Supervisor

Please complete and e-mail the form to InteriorDesignBoard@iowa.gov.

Name: _____

Title: _____

Firm Name: _____

Firm Address: _____

City:_____ State: _____ Zip: _____

Phone: _____ E-mail_____

Are you a registered interior designer? ☐ Yes ☐ No

Your evaluation of the applicant's interior design ability is:

Please indicate if services or employment experience included the following areas:

☐ Yes ☐ No Interior space planning

☐ Yes ☐ No Specification of interior finish materials

☐ Yes ☐ No Specifications of interior furnishings, 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

Do you recommend this applicant for registration? ☐ Yes ☐ No

Is all the information the applicant provided in Section 1 correct? ☐ Yes ☐ No

If no, please explain: _____

I hereby affirm/attest that all information provided above is correct.

Signed:_____ Date:_____