

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:

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 and in Section 1 is correct.

Signed: _____ Date: _____