TEXAS Board of Architectural Examiners
Architects • Landscape Architects • Registered Interior Designers

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INTERIOR DESIGNER REGISTRATION EMPLOYMENT VERIFICATION FORM

Open Records Notice: The Texas Public Information Act, Ch. 552 TX Gov't Code, provides for public access to this document.

1. Applicant's Name: _____
   First Middle/Initial Last

2. Mailing Address: _____

   _____

   Daytime Phone No. (___) _____ Email: _____

3. Employment Date: ☐ Full-Time (35+ hrs.)

   ☐ Part-Time (at least 20-34 hrs/week/6 consecutive months) _____hrs/per week

   From: _____ To: _____
   (Ending Date or "Present/Current")

4. Employer/Company: (Address): _____

   _____

   _____

   Employment Type:

5. ☐ Interior design services only;

   ☐ Interior design services as an adjunct to product sales;

   ☐ Interior design services as an adjunct to other professional design service (specify type of design service):
   _____

   ☐ Teaching interior design as a full-time faculty member in a CIDA accredited program;

   ☐ Other (describe): _____

6. Supervisor's Name: _____

   Company/Address: _____

   _____

7. If Supervisor is certified or registered as follows, please provide the following information:

	State	Initial Certification or Registration Date	Certification/ Registration Number	Expiration Date
NCIDQ Certification				
Registered Interior Designer				
Registered Architect				

_____ _____
Supervisor's Signature Date