

Work History Update Form

Date of Request

Architect LA License Number

Architect Name: _____

Contact Person: _____ E-Mail: _____

(for information about this form)

The information provided below must be the architect's *current* and *previous* work information.

CURRENT Employment to ADD:

Firm Name: _____

Firm Cert #: _____

Work Email: _____

Title: _____

Work #: _____

Start Date at Firm: _____

Currently work here:

PREVIOUS Employment to REMOVE:

Firm Name: _____

Firm Cert #: _____

Work Email: _____

Title: _____

Work #: _____

Start Date at Firm: _____

End Date at Firm: _____

I certify that the above information is true and correct:

Signature

Print Name

After completing this form, please email to Holly Lavigne at HLavigne@LSBAE.com.