ROUTE M

ADMISSION TO THE RIAI REGISTER FOR ARCHITECTS AND TO RIAI MEMBERSHIP

Employer Reference Form

Certifying all or part of "seven years or more in the field of architecture under the supervision of an architect or architectural bureau". Please note that a separate reference form must be submitted to cover different supervisors and/or terms of employment.

This is to certify that from _____ to _____ (insert months/years) the Applicant _____ (insert full name of applicant) was employed in this office in a full-time capacity* as _____ (insert job title/s of applicant).

During this time, his/her architectural work was supervised by _____ (insert full name of supervisor) who is an architect** on the RIAI Register of Architects and whose registration number is: _____ (insert registration number) or who was registered as an architect in another jurisdiction by _____ (insert name of relevant authority e.g. ARB, SACAP) and whose registration number is/was _____.(insert registration number).

*If employment has been part-time please indicate here the number of hours per week _____

**If the Supervisor is/was registered in another State e.g. the UK, the ARB should be named as the registration body and registration details should be provided, if the supervisor was a holder of MRIAI who is not now registered, please give membership details

I am aware that Section 18 of the Building Control Act 2007 provides that a person who makes or causes to be made, any false declaration or misrepresentation for the purposes of obtaining registration, or aids or abets such action, shall be guilty of an offence, and shall be liable, on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both.

Signed _____ Date _____

Continued on next page

Name of Person Supplying Verification

Professional Qualification/s of Person Supplying Verification

Registration Number (if applicable)

Nature of working relationship with applicant
(e.g. employer, supervisor, senior colleague)

Name and Address of Practice/Company

Telephone (Office) Mobile

Name and Address of Practice/Company
which employed the applicant
(**complete this section if different from above)**

Principal Business of Practice/Company

Telephone (Office) Mobile