



## QUARTERLY REPORT OF COMPLIANCE

1. NAME: \_\_\_\_\_ TELEPHONE #: ( ) \_\_\_\_\_  
(Last/First/Middle) (Residence)

RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

2. NAME OF FIRM: \_\_\_\_\_ YOUR TITLE: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_

3. On the back of this form detail your architectural activities for the probation period  
 beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo. Day Year Mo. Day Year

4. Describe any other activities related to the practice of architecture:

ACTIVITY

DATE

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4. I declare under penalty of perjury under the laws of the State of California that the information contained in this quarterly report regarding my professional practice is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DATE: \_\_\_\_\_

QUARTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ TELEPHONE #: ( ) \_\_\_\_\_  
(Last/First/Middle)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROJECT TITLE/ADDRESS	PROJECT DESCRIPTION	DATE START-COMPLETE	YOUR INVOLVEMENT

CLIENT NAME: \_\_\_\_\_ TELEPHONE #: ( ) \_\_\_\_\_  
(Last/First/Middle)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROJECT TITLE/ADDRESS	PROJECT DESCRIPTION	DATE START-COMPLETE	YOUR INVOLVEMENT

CLIENT NAME: \_\_\_\_\_ TELEPHONE #: ( ) \_\_\_\_\_  
(Last/First/Middle)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROJECT TITLE/ADDRESS	PROJECT DESCRIPTION	DATE START-COMPLETE	YOUR INVOLVEMENT