

DEPARTMENT OF LICENSES OF THE STATE OF WASHINGTON Application

This application and statutory fee to be mailed to the State Treasurer.
Remit by Money Order, Bank Draft or Certified Check.

(See page two for instructions and information)

City of Jacoma State of Washington
October 28th, 1921

To the DEPARTMENT OF LICENSES OF THE STATE OF WASHINGTON:

I hereby make application for a license to practice Architecture in the State of Washington. In submitting this application, it is agreed by me that if any part of it be found false or fraudulent, I forfeit the right to a license.

1. Name Silas E. Helber

2. Address 3422 W- 8th St

3. Date of birth JULY 18 1894 Place of birth STOTEN WISCONSIN

4. Are you a citizen of the United States? YES

(a) If of foreign birth, state nationality ✓

(c) If not a citizen, have you declared your intention to become a citizen? ✓ (d) Color? White

5. Where have you resided for the past five years? Jacoma Washington

6. What common school did you attend? Common Schools of Portland Oregon

7. Of what high school are you a graduate?

8. If not a high school graduate, what equivalent education have you had? 3 YRS AT LINCOLN HIGH SCHOOL PORTLAND OREGON

9. Of what training school, college, university or other institution are you a graduate? ✓

(a) How many years did you attend? ✓ (b) How many months in each year? ✓

(c) What degree or degrees did you receive? ✓

(d) Was resident attendance required? ✓ (e) Date of graduation ✓

10. If not a graduate, how many years collegiate training have you had? ✓

11. What hospital or other training in care of the sick have you had? ✓

12. How much time have you given to clinical practice?

13. What practical experience have you had in your profession? 4 years in Architects Office 3 years as an engineering office 7 years in building and allied lines. All with Architecture as an object.

14. What collateral branches have you studied? ✓

15. Have you ever been examined for license in any other state? No

(a) If so, where and when? No

(b) Result ✓

16. Have you ever practiced in any other state? No

(Signature of Applicant)

State of Washington
County of Franklin

I, Silas E. Helber, being first duly sworn upon oath, depose and say: that the answers to the foregoing questions and the statements made in the above application are true and correct; ~~that I am the person named in the diploma accompanying this application, that I am the inventor holder thereof, and that the same was procured in the regular course of instruction and examination without fraud or misrepresentation.~~

(Signature of Applicant)

Subscribed and sworn to before me this 27th day of October, 1921

[SEAL]

Notary Public for the State of Washington
Residing at Jacoma

No Practitioner is expected to sign this recommendation who does not fully know the applicant's personal information concerning his or her character, standing and education, upon request from the Department of

LETTER OF RECOMMENDATION.

City of Seattle, Wash.
Nov 6, 1924

To the Department of Licenses of the State of Washington:
This certifies that I have known Silas E. Johnson for 8 years; that I, personally, knew him while he resided at Seattle in the State of Washington during the years of 1916 - 1924 to 1920, during which period he was engaged ~~as a student of~~ in active practice of architecture; that he is of good moral and professional character; that he is free from habits liable to interfere with his professional services; that his standing was good in that community and is good in the community in which he now lives; that he is worthy of receiving a license to practice architecture in the State of Washington.

Name Earl A. Robert

Address 337 Burke Bldg.

Licensed under the laws of Washington
(Name of State)

To practice architecture

Subscribed and sworn to before me this 6th day of November, 1924.

Henry W. Cramer
Notary Public for the State of Washington
residing at Seattle

My commission expires Aug. 27, 1927

CERTIFICATE OF MORAL CHARACTER.

To be signed by two reputable business men.

This certifies that I am acquainted with Silas E. Johnson; that I believe him to be of good moral character and I hereby recommend him as entirely worthy to be permitted to take the examination for which he has applied.

Name S. J. Hickox

Address 209 Park High Rd

Name E. E. Cornwell

Address 1011 1/2 Park 5th

named in schedule below. If you are asking a license. If

requirements, examine the law licenses, *Olympic, Wash-* in this form might result

graduate, then you have italics on page one before

they have been employed must give a list of the of at least two persons of which he has been the 391, Remington and Bal- Chapter 4, Laws of 1919, *steopathy* must file with the authorities granting /ided by the laws of such

application. These letters a license, except that in tion to these letters of filled out, signed as di-

s the face of the photo- tificate of identification to mar the features as

surety, Olympic, Wash, of the fee is shown in

examination, then the resented to the examin- d stamps for returning

ON DATES.

- Wednesday December
- September
- 1st Tuesday December
- December
- nd August
- d July



December 1

receipt of your application ination. The examination room of the University of on December 29th at 8 A.

It will be necessary that you provide y with one 36" tee square, triangle, scales, thumb roll of white tracing paper 36", one piece of tr 36" x 18"; drawing ink, pencils, and drawing ins Text books will not be allowed the first day and ing of the second day; second and third days to A. M. to 5 P. M. one hour intermission for lunch

Yours very truly
DEPARTMENT OF LICIT
FRED J. DIBBLE, DIII
BY

MS

SECF