

## ENGINEERING REFERENCE

<b>TO BE COMPLETED BY APPLICANT – Attach a narrative of your work experience before distributing</b>	
<b>Name of Applicant:</b>	Applicant is applying for licensure by: (check one) <input type="checkbox"/> Principles and Practice of Engineering examination <input type="checkbox"/> Comity from another state
<b>REFERENCE – PLEASE COMPLETE THIS FORM, PLACE IN AN ENVELOPE, SEAL AND SIGN YOUR NAME ACROSS FLAP AND RETURN TO THE APPLICANT</b>	
<b>Name of Reference:</b>	<b>Business or Profession:</b>
<b>Daytime Phone:</b> (      )	<b>E-mail Address:</b>
<b>By whom employed:</b>	<b>Title:</b>
Are you a graduate engineer? If yes, list institution, curriculum, degree and date of graduation: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Are you licensed as a Professional Engineer? If yes, list states, numbers and branches of licenses: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
During what years have you known the applicant well? _____ to _____	Are you related to the applicant by blood or marriage? If yes, how? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Do (did) you directly supervise the applicant? When? (mm/yy) _____ to (mm/yy) _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If no, please explain working relationship with regard to applicant _____	
Do (did) you have review approval and authority over the applicant's work? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, during what years? (mm/yy) _____ to (mm/yy) _____	
Would you employ the applicant in a position of trust? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If no, why? Attach additional sheets if necessary	
Your evaluation of the applicant's engineering ability is: (Please be specific – attach additional sheets if necessary)	
Please examine the enclosed experience document. To your knowledge, are the statements correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please enter corrections, questions or suggestions directly on the experience record and return it with this form. <p style="text-align: right;">Experience was not sent to me. <input type="checkbox"/></p>	
The applicant's reputation is:  (Please be specific – attach additional sheets if necessary)	
Do you recommend this applicant for licensure? If no, why? Attach additional sheets if necessary <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
To your knowledge: Has the applicant been convicted of a felony? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Are you aware of any circumstance(s) that would adversely affect the applicant's ability to competently practice professional engineering? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If you answer yes to any of the above questions, please attach an explanation.	
Please add any other information that would assist the board in evaluating the applicant (attach additional sheets if necessary)	
<b>The information I have reported herein is true and correct to the best of my knowledge.</b> Signature of Reference:	Date: