

**UNLICENSED SUPERVISOR REFERENCE FORM**

Name of Applicant

**TO BE COMPLETED BY UNLICENSED SUPERVISOR: ALL QUESTIONS MUST BE ANSWERED**

Name of Reference:

Business or Profession

By whom employed

Title

During what period did you supervise the applicant: \_\_\_\_\_ to \_\_\_\_\_  
Mo./Yr. Mo./Yr.

Your assessment of the applicant's performance, development, integrity, and ability to assume responsible charge:

**Please identify at least one PE or graduate engineer or PLS providing mentoring/tutelage.**

Name of person providing mentoring/tutelage: \_\_\_\_\_  
Time Frame: (mm/yy-mm/yy) \_\_\_\_\_ to \_\_\_\_\_

Name of person providing mentoring/tutelage: \_\_\_\_\_  
Time Frame: (mm/yy-mm/yy) \_\_\_\_\_ to \_\_\_\_\_

Description of the nature of tutelage provided to the applicant by the individual(s) listed.

Signature of Reference

Date

**COMPLETE THIS FORM, PLACE IN AN ENVELOPE, SEAL AND SIGN YOUR NAME ACROSS FLAP AND RETURN TO THE APPLICANT**