

ARE REFERENCE

- If additional space is needed, please use the back of this form or a separate sheet of paper.
- All references must return this form directly to the Board of Engineers and Architects emailed, faxed, or at the address listed above. If the form is emailed or faxed, an original hard copy is not required.
- Reference forms received from applicants will not be accepted.

SECTION I: TO BE COMPLETED BY APPLICANT

1. _____
Applicant Name (First, MI, Last)
2. _____
Date
3. _____
Phone Number
4. _____
Email
5. Name of Reference: _____
6. Relationship to Reference: _____

SECTION II: TO BE COMPLETED BY REFERENCE

1. Is the information in Section I correct as stated? YES NO
If NO, please explain: _____
2. How long have you known the applicant? _____
3. Explain how the applicant is of good reputation and demonstrates good ethical character: _____

4. Describe the applicant's architectural experience: _____

5. Explain how the applicant demonstrates adequate technical knowledge and skill: _____

6. If the applicant were licensed, would you employ him or her? YES NO

Reference Name (Please Print)

Title or Position

Firm Name & Address (if applicable)

State of Licensure (if applicable)

License No. (if applicable)

Year Licensed (if applicable)

Reference Signature

Date