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| **REFERENCE FORM**IDAHO BOARD OF LICENSURE OF PROFESSIONAL ENGINEERS AND PROFESSIONAL LAND SURVEYORS1510 E Watertower STE 110, Meridian, ID 83642 |
| REFERENCE NAME: |  | APPLICANT NAME: |  |
| ADDRESS LINE 1: |  | ADDRESS LINE 1: |  |
| ADDRESS LINE 2: |  | ADDRESS LINE 2: |  |
| CITY, STATE, ZIP: |  | CITY, STATE ZIP: |  |
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| I have applied to the Idaho Board of Licensure of Professional Engineers and Professional Land Surveyors for registration or certification as: |
| [ ]  Professional Engineer -  | [ ]  Professional Land Surveyor |
| [ ]  Engineer Intern | [ ]  Land Surveyor Intern |
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| and have referred to you as having personal knowledge of my qualifications. This form will remain confidential in accordance with Idaho Code 54-1210. Your prompt return of this form to the Board in the enclosed self-addressed stamped envelope would be appreciated. Thank you for your assistance. |
| Applicant's Signature Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| The following portion of this form is to be completed by the reference. All statements and information on the form are for the use of the Board. Your comments on experience and ability should relate to the field checked in the box above. |
| 1. What is your personal and/or business relationship to the applicant? 2. I have known the applicant personally and have knowledge of his/her engineering or surveying work from approximately to approximately  (Month/Year) (Month/Year)3. Indicate your opinion of the applicant's qualifications in engineering or land surveying by placing an "X" in the appropriate spaces below. If an "INADEQUATE" box is checked, please attach a note of explanation to this form. |
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|  |  Very Good |  Good |  Satisfactory |  Inadequate |  Unknown |
| Technical Competence | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Professional Integrity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Personal Integrity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Community Reputation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

 4. Are you related to the applicant by either blood or marriage? [ ]  YES [ ]  NO5. Please give additional information which you feel would assist the Board in evaluating the applicant's qualifications:

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I am Licensed as [ ]  a PE [ ]  a PLS [ ]  Other (Please Indicate)  [ ] Not LicensedJurisdiction in which you are licensed License No. Discipline Signature  Date  Phone  |

Email completed form to IPELS-Licensing@ipels.idaho.gov