The Guern Board of Registration for

PROFESSIONAL ENGINEERS, ARCHITECTS & LAND SURVEYORS

Inctnon Ribestrasion Inheneron Profisionat, Atketeklo yan Agranensot Tono'

LETTER OF REFERENCE - (F3)

	pplicant's Name: ddress:		
Has applied to this Boa	ard for registration a	s:	
Engineer Intern Professional Engine		rveyor Intern nal Land Surveyor	Architect Landscape Architect
and indicated that you are In order that the applican following questions is app	t's qualifications may	er qualifications for suc be properly evaluated,	ch registration and/or examination. your assistance in answering the
envelope to the appl	<u>icant</u> at your earliest of tter of Reference is CC	convenience, as no acti INFIDENTIAL and will i	I and return it in a sealed ion will be taken until all references not be accepted by the Board if not
		Sincerely, Executive Board Admi	nistrator
1. How long have you pe	rsonally known the app	licant? Years	Months.
2. Are you related to the	applicant? Yes O	No O	
What was or is the rela	tionship?		***
3. Have you ever employed his/her duties briefly:	• • • • • • • • • • • • • • • • • • • •	•	, describe
4. Why did the applicant I	eave your employ?		
5. If registered, would you6. Please comment on the			ents and the public:

Applicant's Name: F3 Page 2				
7. If the applicant was not in your employ, how did you obtain your knowledge of him/her?				
Are you a registered Professional Engineer, Arc If yes, please indicate below:	hitect or Land Sur	veyor? Yes O No O		
Engineer/Branch C	ertificate No	State		
Architect - Certificate No	State			
Landscape Architect - Certificate	State			
☐ Land Surveyor — Certificate No.	State			
9. Do you consider the applicant professions	ally qualified to	be given the registration and/or		
examination in which he/she is applying	for? Yes O	No <u>O</u> .		
10. Please comment on the applicant's char-	acter, personal	and professional reputation:		
		e — Tomored School Parce and to — To		
11. The Board will appreciate any additional	information yo	u can share regarding the		
applicant's appropriateness for licensing				
applicance appropriateless for neclising				
I, the undersigned, certify that the reference best of my knowledge.		orm is true and complete to the		
Your Name:	T the following:			
Your Address:				
City:				
Signature:		Date:		
Please affix your wet stamp or seal in the space to the right.	ce			
If necessary, other forms of Proof of Licensure may be Substituted (e.g., photocopy of your Current pocket registration card, certificate, etc.)				