

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF TECHNICAL PROFESSIONS

2525 West Main Street, Suite 211, Rapid City, SD 57702-2439

Phone: 605-394-2510

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CONFIDENTIAL COMITY REFERENCE FORM

Fill out form, print, and mail to the Board office at the address above. Form may also be printed and filled out legibly.

Reference Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

_____ Has applied for professional licensure in the state of South Dakota. You have been named as being familiar with this applicant's professional work and/or personal characteristics. Your cooperation and early reply will be appreciated.

1. Are you a
- Professional Engineer
 - Land Surveyor
 - Architect
 - Landscape Architect
 - Petroleum Release Licensee
 - Other

If yes, please list original state of licensure _____ and license # _____.

2. How long have you known the applicant well? _____

3. What is/was your association with the applicant? _____

4. Are you familiar with the applicant's professional work? Yes No

5. Please rate the applicant's qualifications:

Characteristics	High	Good	Average	Fair	Poor
Quality of professional work					
Initiative					
Dependability					
Cooperation with fellow workers					
Integrity					

6. Your frank appraisal of the applicant: (Please do not omit) Attach additional sheets as necessary.

Signature: _____

Date: _____