

SOUTH DAKOTA STATE BOARD OF TECHNICAL PROFESSIONS

2525 W. Main St., Suite 211 Rapid City, SD 57702

Phone 605-394-2510 Fax 605-394-2509

www.state.sd.us/dol/boards/engineer

sdbtp@state.sd.us

CONFIDENTIAL EXAM REFERENCE FORM

(Please type or print)

Reference Name: _____ Applicant's name: _____

Reference Address: _____ Reference Business Phone: _____

City/State/Zip: _____ Reference Home Phone: _____

The applicant named above has applied for professional licensure by examination. This review depends, among other considerations, upon the verification of the extent, diversity, and quality of the applicant's practical training and experience. We request your assistance, as a supervisor or associate, by completing the form with conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to be examined for licensure. Your cooperation and early reply will be appreciated.

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

If you answer yes to any of the professions above, 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. Did/do you have review and approval authority over applicant's work? Yes No

5. Would you recommend this applicant be licensed? Yes No

6. Describe applicant's character and personal reputation: _____

7. The applicant describes the portion of employment or experience we wish you to verify on the next page. Please state your opinion regarding accuracy of the description, including extent and complexity of work. Use additional sheets if necessary.

Signature: _____ Date: _____

Affidavit: I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, and is in all things true and correct.

Applicant's Name _____

Address _____
Street City State 9-digit Zip

Employment dates: From _____ To _____

Part-time Full-time Did you work in the same office? Yes No If not, explain below.

Applicant should make explicit statements below, listing and defining work performed, listing and defining projects for which you had full or partial responsibility, including statements of extent and complexity of work performed by you. Additional sheets may be used.

Complete this page and send both pages to the reference listed on Page 1 so your statements can be verified.