Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506
www.dpor.virginia.gov
Board fo



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects ENGINEER-IN-TRAINING REFERENCE FORM

Applicant: Complete items #1 through #5 then forward this form to the one of the following: a professional engineer, the dean, or his designee, a department professor of the engineering school attended by the applicant or an immediate work supervisor. The individual providing this reference must have known the applicant within the last five years (from the date of this application) and for at least <u>one year</u>.

Reference: Complete items #6 through #17. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail it directly to the Board at the address above. Your prompt response is appreciated.

1.	Applicant's Full Legal	Name (As it appea	t issued ID or other legal docur	nentation.)		
	Last (required)	Firs	t (required)	Middle		Generation
2.	Provide at least one o	f the following iden	tification numbers*:			
	Social Security I	Number and/or				
	<u>Virginia</u> DMV Co	ntrol Number				
	Enter the same identified	cation number as used on	examination, previous appli	cations or licenses on file with the depa	rtment.	
				er authorization to engage in a busines er issued by the <u>Virginia</u> Department of		or occupation issued
3.	3. Mailing Address (PO Box accepted)					
			City		State	Zip Code
4.	Contact Numbers	Primary Telep	hono	Alternate Telephone		
		Timary Telep	Hone	Alternate receptione		
5.	Applicant's Signature				Date	
REFE	ERENCE SECTION					
	This refe	rence can only be	completed by a profe	essional who has personal kr	nowledge	
	of the a	oplicant's <mark>compet</mark> e	nce and integrity re	elative to his engineering exp	erience.	
6.	Reference Name					
7.	Reference's Mailing A	ddress				
		City			State	Zip Code
8.	Reference's Contact N	lumbers				
•			Primary Telephone	Alternate Teleph	one	
9.	Reference's Email Add	aress	(Email address wi	Il only he used for communication f	rom the Roard st	aff)
10.	License Information (if applicable)	(Email address will only be used for communication from the Board staff.) State/Jurisdiction where you are <u>currently</u> licensed				
10.		License Numbe	•			
11.	What is your relations		-			
11.	what is your relations	inp to the applicant	:	PRELIMINAR	Y - PFNDING	G APPROVAL

PRELIMINARY - PENDING APPROVAL

Have you known or been associated with the applicant within the last 5 years?					
	s 🗌				
In your opinion, is the applicant of good moral character?					
No If no, give a brief description below: Yes					
Do you have any reservations regarding the applicant?					
No					
Yes If yes, give a brief description below:					
What is the applicant's reputation in his/her chosen profession?					
Additional Comments					
I certify, to the best of my knowledge, all information provided on this form is true and accurate.					
Reference's Signature	Date				
	No				