



Department of Professional and Occupational Regulation

PRELIMINARY - PENDING APPROVAL

**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 **one year**.

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 appears on your government issued ID or other legal documentation.)

Last (required)	First (required)	Middle	Generation
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2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Mailing Address (PO Box accepted)

City	State	Zip Code

4. Contact Numbers

Primary Telephone	Alternate Telephone
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5. Applicant's Signature

	Date
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REFERENCE SECTION

*This reference can only be completed by a professional who has personal knowledge of the applicant's **competence and integrity** relative to his engineering experience.*

6. Reference Name

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7. Reference's Mailing Address

City	State	Zip Code

8. Reference's Contact Numbers

Primary Telephone	Alternate Telephone
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9. Reference's Email Address

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(Email address will only be used for communication from the Board staff.)

10. License Information

State/Jurisdiction where you are <u>currently</u> licensed	
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(if applicable)

License Number	Expiration Date
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11. What is your relationship to the applicant?

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12. Have you known or been associated with the applicant within the last 5 years?

No

Yes If yes, have you known the applicant for at least one year? No Yes

13. In your opinion, is the applicant of good moral character?

No If no, give a brief description below:

Yes

14. Do you have any reservations regarding the applicant?

No

Yes If yes, give a brief description below:

15. What is the applicant's reputation in his/her chosen profession?

16. Additional Comments

17. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Reference's Signature _____ Date _____