

SOUTH DAKOTA BOARD OF TECHNICAL PROFESSIONS

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CONFIDENTIAL COMITY REFERENCE FORM

Please print or type

(Form is to be mailed directly to the Board Office.)

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
 - 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 applicant's professional work? _____

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.** Additional sheets may be used.)

Signature: _____

Date: _____