Letter of Reference

For: __________________________

(Applicant)

Dear: __________________________

(Reference)

The above named person is an applicant for RESIDENTIAL DESIGN EXAMINATION registration and has submitted your name as a reference. Please complete the following questions regarding the applicant’s character, qualifications and fitness for registration and return it to our office at the above address.

1. During what years did you know the applicant well? ______________________

2. Are you related to the applicant? ________ If so, How? ______________________

3. Would you employ the applicant in a position of trust? ________________

4. If you have been a coworker or an employee of the applicant, please tell us the general nature of relations with him/her, together with an evaluation of his/her work. ________________________________________

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. If you required the services of a professional person for work commensurate with the applicant’s experience, would you be willing to employ him? ________________________________________________

6. Do you recommend the applicant for registration? ______________________

7. Please state your professional registration number. _______________________

8. Please affix your stamp or seal in the lower left corner of this form. If a stamp or seal is not required by your state of registration, please indicate so and attach a copy of your current registration card or certificate.

___________________________  __________________________
Date     Signature

Affix seal or stamp here   Print or type name