Print Form

Name of Reference _____

THIS FORM MUST BE COMPLETED THOROUGHLY

REFERENCE LETTER **Date:** _____

_____ has submitted an application to the Minnesota Board for licensure as a
(Name of Applicant)

_____ _____
(Profession) **(Discipline of Engineering)**

under the Act to regulate the Practice of Architecture, Professional Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design, Section 326.02 to 326.15 Minnesota Statutes.

The Applicant has referred to you as having knowledge of his/her personal and professional qualifications. The Board requests your cooperation in making its evaluation of the Applicant more complete by giving a true answer to the following questions. These answers are to be given by you of your own personal knowledge, without assistance from the Applicant. The record of the Applicant, as recorded here by you, will be accepted by the Board as a deliberate act made for the express purpose of acquainting the Board with the facts, as you see them, relative to the applicant's competency to practice the profession for which she/he has applied for licensure. All information secured from references is for use by the Board. **Complete all of the information requested below and make any additional comments that may be of value to the Board in evaluating this application.**

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO EMPLOYER.
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference source(s) and recipients(s) from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of AELSLAGID by the reference.

Signed: _____ Date: _____

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1. How many years have you known the applicant? _____

2. What is the applicant's usual and customary occupation? _____

3. Has the applicant ever rendered you professional service(s) as a(n) ___Architect ___Professional Engineer ___Land Surveyor ___Landscape Architect ___Professional Geologist ___Professional Soil Scientist?

What year? _____ **Explain the nature of the service provided:** _____

_____

4. What has been your association with the applicant?
Employer___ Employee___ Business Partner___ Professional Associate___ Client___

- **During what specific period of time (month/year to month/year):** _____
- **Explain the nature of the association:** _____

_____

Signature:_____**Date**_____ **Remarks:**_____
(Licensed or certified and in good standing) _____

Printed Name_____ _____

Licensed in the state(s) of _____ _____

Profession & Discipline _____ _____

INSTRUCTIONS TO INDIVIDUAL PROVIDING REFERENCE:

Complete, sign and return this form to the address above as soon as possible. This form must accompany the Practical and Professional Experience page(s) on which you initialed next to the applicant's work experience you can substantiate.