

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF TECHNICAL PROFESSIONS

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CONFIDENTIAL EXAM REFERENCE FORM

(Please type or print. Form is to be mailed directly to the Board Office.)

Reference Name: _____ Applicant's name: _____

Reference Address: _____ Reference Business Phone: _____

City/State/Zip: _____ Reference Home Phone: _____

The applicant named above has applied for professional licensure by examination. This review depends, among other considerations, upon the verification of the extent, diversity, and quality of the applicant's practical training and experience. We request your assistance, as a supervisor or associate, by completing the form with conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to be examined for licensure. Your cooperation and early reply will be appreciated.

1. Are you a Professional Engineer
 Land Surveyor
 Architect
 Landscape Architect
 Petroleum Release Licensee
 Other

If you selected any of the professions above, 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. Did/do you have review and approval authority over applicant's work? Yes No

5. Would you recommend this applicant be licensed? Yes No

6. Describe applicant's character and personal reputation:

7. The applicant describes the portion of employment or experience we want you to verify on the next page. Please state your opinion regarding accuracy of the description, including extent and complexity of work. Use additional sheets if necessary.

Affidavit: I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature: _____ Date: _____

