

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

PROFESSIONAL ENGINEER APPLICANT REFERENCE FORM

Applicant's Name:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Note to Applicant:

If applying by Examination: Provide references from at least five (5) individual having personal knowledge of the applicant's engineering work, three (3) or more of whom are registered Professional Engineers, and at least one (1) of whom has served as supervisor in responsible charge of the applicant's engineering work.

If applying by Reciprocity: Provide replies from five (5) registered Professional Engineers, at least one (1) of whom served as a supervisor in responsible charge of the applicant's engineering work.

Family members can act as supplemental references in support of an application, but not as one of the five (5) required responses. The Board suggests the person completing this form should have 12 months' knowledge of the applicant's engineering experience within the past five (5) years. Type or print your name in the box at the top of each form prior to distribution. **Forms must be forwarded by you to this office with your application.**

Instructions: The applicant named above has applied for registration as a Professional Engineer to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below. **Return completed reference form to the applicant in a sealed envelope.**

1. **I know this applicant:** Very Well Well Slightly Not at all

2. **My contacts with the applicant extend:** From: / / To: / /

3. **These contacts were:** (check all that apply)

- Employer Employee Supervisor Subordinate
 Co-worker Student Instructor In professional society activities
 Other (specify)

4. **The applicant performed work in the following general area(s):** (Check all that apply.)

- Project Management Technical Design Research
 Construction Engineering Other (describe)

To qualify for licensure, an applicant must have sufficient knowledge and experience. To assist the Board in evaluating this applicant, please indicate whether the applicant has entry-level competence in each of the practice areas by placing an "X" in one of the three boxes, i.e., Satisfactory, Unsatisfactory, or UK (unknown).

	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>UK</u>	<u>Factor</u>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technical competency
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineering judgement
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional integrity and ethics
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project communications
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent decision making
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project management
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legislative regulatory knowledge
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible charge capability

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13. Registration in Wisconsin is not by classification of any branch of engineering practice. To assist the Board in evaluating this applicant, indicate the categories(s) in which you have knowledge of the applicant's experience. (Check all that apply.)

Civil Electronic Metallurgical Structural Chemical
 Mechanical Industrial Other

14. In my opinion, this applicant is qualified to be registered as a Professional Engineer. Yes No

15. Provide comments on your overall recommendation of the applicant. (This section must be completed.)

16. The information on this form is being submitted by:

Name

Firm

Title/Position

Address (street, city, state, zip)

Daytime Telephone Number

- -

Signature (Print and Sign Form)

Date

/ /

**Affix seal or
Indicate where registered, type of profession, and
registration number below (if applicable):**