

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53705
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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, PROFESSIONAL LAND SURVEYORS, AND REGISTERED INTERIOR DESIGNERS

PROFESSIONAL ENGINEER APPLICANT REFERENCE FORM

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

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. **The Department must receive the completed form directly from the individual providing a reference.**

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.

Applicant Signature (If unable to provide a digital signature, please print and sign form.)	Date
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Instructions for individual providing reference: 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. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of credential application.)

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

2. My contacts with the applicant extend:	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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3. **These contacts were:** (check all that apply)

- | | | | |
|--|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Employee | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Subordinate |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Student | <input type="checkbox"/> Instructor | <input type="checkbox"/> In professional society activities |
| <input type="checkbox"/> Other (specify) _____ | | | |

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

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Technical Design | <input type="checkbox"/> Research |
| <input type="checkbox"/> Construction Engineering | <input type="checkbox"/> Other (describe) _____ | |

