



<b>For office use only</b>
Application number _____
Date _____, _____

**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 State Board of Professional Engineers and Land Surveyors  
 P.O. Box 45015, Newark, New Jersey 07101  
 (973) 504-6460

## Engineer-in-Training Reference Form

*(Please print clearly.)*

**Name of Reference**

**Name of Applicant**

Last name	First	Middle
Street address		
City	State	ZIP code

Last name	First	Middle
Street address		
City	State	ZIP code

The applicant for certification as an engineer-in-training whose name and address are given above has sent you this reference statement regarding his/her professional qualifications. He/she indicated that you have personal knowledge of his/her character and professional experience.

Please answer the following questions and return this form to the State Board of Professional Engineers and Land Surveyors, P.O. Box 45015, Newark, N.J.

**Statement of Reference** *(From your own personal knowledge.)*

1. Your business or profession: \_\_\_\_\_ 2. Length of acquaintance: \_\_\_\_\_
3. Relationship, if any: \_\_\_\_\_ 4. Applicant's moral habits or character: \_\_\_\_\_
5. Applicant's general reputation in the community: \_\_\_\_\_
6. If you have been associated with the applicant in professional practice, please supply the following information.  
 Position held by the applicant: \_\_\_\_\_  
 Character of the work performed by the applicant: \_\_\_\_\_
7. In view of your knowledge of the applicant, do you recommend him/her for a certificate of registration as an engineer-in-training?     Yes     No

\_\_\_\_\_

Date

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Signature

If you are a professional engineer, please give your license number: \_\_\_\_\_, \_\_\_\_\_

State of licensure