



**NORTH CAROLINA BOARD OF EXAMINERS  
FOR ENGINEERS AND SURVEYORS**

4601 Six Forks Rd Suite 310  
Raleigh, North Carolina 27609  
Tel: (919) 791-2000  
[www.ncbels.org](http://www.ncbels.org)

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Name and address of reference

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Name of Applicant

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Address

has applied to this Board for licensure to practice **ENGINEERING** under the provisions of Chapter 89C of the General Statutes entitled "The North Carolina Engineering and Land Surveying Act."

The Board requires that the applicant submit evidence of education and experience in engineering work, of a progressive nature and level acceptable to the Board, in addition to successfully completing the required written examinations. The Board also requires that the applicant submit the names of individuals who are thoroughly familiar with the applicant, and who are willing to give conscientious and accurate testimony concerning experience, competency, and character.

The above-named applicant informs this Board that you are familiar with the candidate's character, reputation, and general ability, and are in a position to validate the extent of the applicant's responsibility in engineering work with which the applicant has been connected.

In light of the above, the Board of Examiners solicits your assistance in determining the applicant's fitness for licensure by answering frankly, carefully, and fairly, and to a degree commensurate with your thorough knowledge of the applicant's demonstrated ability, the questions on the reverse of this page.

This form is being supplied to you directly by the applicant, and you should mail this form directly to the Board office.

**Please submit this form *directly to the Board.***

**Note: Reference forms are not acceptable by Fax or Email.**

**INFORMATION CONCERNING ENGINEER APPLICANT**

Applicant's Name \_\_\_\_\_

(Applicant will type name in this space)

1. What is your personal and/or business relationship to the applicant? \_\_\_\_\_
2. As a reference for this applicant, state your profession. \_\_\_\_\_
3. In what states are you licensed to practice engineering? \_\_\_\_\_

4. I have known the applicant personally and have knowledge of the candidate's engineering work (give month and year):

From \_\_\_\_\_ To \_\_\_\_\_

5. In your opinion, has the applicant had sufficient responsibility in:  Design  Production  Supervision  other to justify licensure as a Professional Engineer? (This question would not apply at this time if this is an EI applicant.)

6. Indicate your opinion as to the applicant's potential to practice engineering by placing an "X" in the appropriate spaces below. If an "Inadequate" box is checked, please attach a note of explanation to this form.

PHASE OF ACTIVITY	EXCELLENT	GOOD	SATISFACTORY	INADEQUATE	UNKNOWN
Technical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you know of any instance where the applicant was guilty of unethical or illegal conduct? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Would you entrust the applicant with responsibility for an important engineering project involving the welfare and safety of the public? (This question would not apply at this time if this is an EI applicant.)

9. Would you recommend the licensure of applicant when experience and examination requirements have been satisfactorily completed? \_\_\_\_\_

10. Please state other information regarding the applicant. \_\_\_\_\_  
 \_\_\_\_\_

Did you authorize the applicant to use your name as a reference? Yes  No

Additional information in letter form which would amplify or clarify and assist the Board in evaluating the applicant's experience record is solicited. If you object to the applicant being licensed, you should be willing to give testimony to support denial of licensure by the Board.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

If Professional Engineer, State of licensure \_\_\_\_\_ License No. \_\_\_\_\_

