

Wisconsin Department of Regulation & Licensing

P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: web@drl.state.wi.us
 Website: http://drl.wi.gov

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

PROFESSIONAL ENGINEER SECTION

PROFESSIONAL ENGINEER APPLICANT REFERENCE FORM

APPLICANT: PROFESSIONAL ENGINEER	
Type or Print Name of Applicant	Date of Birth

The applicant named above has applied for registration as a Professional Engineer in the State of Wisconsin. To assist the board in reviewing the applicant, provide your appraisal of the applicant's proficiency below and on the back of this form. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence of the applicants' suitability to practice. Evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The board suggests the person completing this form should have 12 months knowledge of the applicant's engineering experience within the past five years. All items must be completed. **PLEASE RETURN THIS FORM TO APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ON THE ENVELOPE SEAL.**

- I have personal knowledge the applicant has been engaged in engineering work from ___/___ to ___/___, a period of ___ years.
mo yr mo yr
- My contacts with the applicant were (check all that apply):
 - Employer - Employee -Supervisor - Subordinate
 - Co-worker - Student -Instructor -In professional society activities
 - Other (specify) _____
- The applicant performed work in the following general area (check all that apply):
 - Project Management - Technical Design -Research
 - Construction Engineering - Other (describe) _____
- Please indicate your opinion as to the applicant's potential to practice engineering by checking the appropriate boxes below. **If an "unsatisfactory" or "comment" is checked for any item, you must submit a letter of explanation attached to this form.**

<u>Factor</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Unknown</u>	<u>Comment</u>
Technical competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional integrity and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legislative regulatory knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible charge capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

