



# State of Arizona BOARD OF TECHNICAL REGISTRATION

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## CERTIFICATE OF EXPERIENCE RECORD AND REFERENCE

Applicant Name \_\_\_\_\_ Discipline \_\_\_\_\_

Branch (engineering candidates only) \_\_\_\_\_

### SECTION A

(to be completed by applicant)

Name, Address, and Telephone Number of Organization \_\_\_\_\_

Your Job Title \_\_\_\_\_

Supervisor/Reference Name and Job Title \_\_\_\_\_

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker  Client  Other  Explain: \_\_\_\_\_

### DETAILED SUMMARY OF QUALIFYING EXPERIENCE

Note: The detailed summary should include a description of the work you performed on your projects when you were in responsible charge and a breakdown of the time spent on subprofessional and professional duties. Attach additional pages if needed to adequately detail your experience. (See R4-30-10.10)

Fulltime  Parttime

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Approximate Number of Hours Worked Weekly \_\_\_\_\_

Time Worked (in months)

Sub-professional \_\_\_\_\_ Professional \_\_\_\_\_ Responsible Charge \_\_\_\_\_ Design \_\_\_\_\_ Total Time \_\_\_\_\_

(Maximum 6 Months)

Work Description

I swear or affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Discipline Work \_\_\_\_\_

Applicant Name \_\_\_\_\_

**SECTION B**

(to be completed by supervisor/reference)

TO SUPERVISORS: The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a certificate to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required.

TO REFERENCES: Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgement, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates. Thank you for your help.

Your Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Your job title at the time you supervised/knew the applicant \_\_\_\_\_

Have you personally supervised and examined the applicant's work? Yes  No

Does the information presented by the applicant accurately reflect his/her experience? Yes  No   
 (If "No" or "Don't Know," please explain on a separate sheet.) Don't Know

Give the last date you observed the applicant performing professional duties, either directly or indirectly.

Date \_\_\_\_\_ Directly  Indirectly

How long have you known this applicant? \_\_\_\_\_

Is this applicant related to you by blood or marriage? Yes  No

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

REMARKS: \_\_\_\_\_

Do you believe the applicant is qualified for registration? Yes  No   
 (If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know

I swear or affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Registration \_\_\_\_\_ Registration# \_\_\_\_\_

Issue Date \_\_\_\_\_ State \_\_\_\_\_

**Place imprint of seal in the space to the right.**