

## Professional Engineers - Character References Form

(REFERENCES SHEET - make as many copies as necessary)

### APPLICANT MUST COMPLETE THE FOLLOWING:

FULL NAME

LAST

FIRST

MIDDLE

**REFERENCES OF CHARACTER** – Please submit information required below from at least five individuals unrelated to the applicant. At least three of such individuals must be professional engineers who have personal knowledge of the applicant's engineering experience, but are not listed as one of the endorsers of your work experience.

#### Reference No. 1 - P.E. -

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
State of Licensure \_\_\_\_\_ License No. \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Reference No. 2 - P.E.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
State of Licensure \_\_\_\_\_ License No. \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Reference No. 3 - P.E.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
State of Licensure \_\_\_\_\_ License No. \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Reference No. 4 - Other

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Reference No. 5 - Other

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send the completed form via one of the following options: 1) E-mail this document to [DLOPLPERFirm-LABOR@maryland.gov](mailto:DLOPLPERFirm-LABOR@maryland.gov); or  
2) Mail this document to Board for Professional Engineers, **100 S. Charles Street, Tower 1, Baltimore, MD 21201**