



# CONFIDENTIAL REFERENCE FORM

Please type or print. Illegible forms will not be accepted. This form must be completed in its entirety by the individual serving as a confidential reference.

APPLICANTS NAME \_\_\_\_\_

Please answer the following questions with respect to the applicant whose name appears on the this form. (If you do not wish to serve as a reference, please skip to the last question and return the form)

- 1. Do you know the applicant well?  Yes  No
- 2. Do you know the applicant Casually?  Yes  No
- 3. How long have you know the applicant? \_\_\_\_\_ YEARS
- 4. Do you have personal knowledge of the applicant's professional or work experience?  Yes  No

PERIOD OF EXPERIENCE FROM \_\_\_\_\_ TO \_\_\_\_\_

5. What is your professional relationship to the applicant?

- Employer  Reviewed Work  Professional Society Activities
- Associate  Supervisor  Co - Worker

OTHER (explain) \_\_\_\_\_

6. Subsequent to formal education, has the applicant's work experience been of a grade and character that would qualify the applicant for admission to a professional examination in Noise Control Engineering  Yes  No

7. Describe the most significant project (s) undertaken by the applicant during the period covered in Question 4 above. Include any INCE activities of which you may be aware.

8. From personal knowledge, how would you appraise the applicant in the following respects (please check the appropriate boxes):

	Superior	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of Technical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9. What is your judgment of the applicant's competence in noise control engineering:

- |   |  |
|---|--|
| <input type="checkbox"/> Exceptionally Well Qualified | <input type="checkbox"/> Qualified But Marginal                                      |
| <input type="checkbox"/> Well Qualified               | <input type="checkbox"/> Not Qualified   |
| <input type="checkbox"/> Qualified                    | <input type="checkbox"/> I Do Not Know the Applicant Well Enough to Make a Judgement |

10. I Am (Check All That Apply)

- An INCE Member  
 Board Certified  
 Not a Member of INCE

Signature of Confidential Reference \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Employed By \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Submission of  
references: Please submit your references  
to [ibo@inceusa.org](mailto:ibo@inceusa.org) or by mail:

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