



Professional Engineers
and Geoscientists of BC
www.apeg.bc.ca

The Association of Professional Engineers and Geoscientists
of the Province of British Columbia
200-4010 Regent Street
Burnaby BC V5C 6N2
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(w) www.apeg.bc.ca
(email) register@apeg.bc.ca

REFERENCE FORM FOR LIMITED LICENCE (Engineering Licensee/Eng.L. and Geoscience Licensee/Geo.L)

PLEASE TYPE OR PRINT IN CAPITAL LETTERS using black or dark blue ink.
Prior to completing this form electronically, please download to your own computer and save changes.

Referee Name:	Applicant [Full Legal] Name:	
Referee Address:	Applicant Email:	Applicant ID Number:
	Scope of Limited Licence:	

Granting of professional licensure is based upon references. Your name has been put forward by this applicant as a Referee to verify his or her experience. Please consider your assessment very carefully and include any information, positive and negative, that might influence the decision to grant professional licensure. In order to act as a referee you must have first-hand knowledge of the applicants work.

All statements will be treated as confidential. Thank you for taking part in this most important aspect of the licensing process.

PLEASE DO NOT RETURN THE COMPLETED FORM TO THE APPLICANT.

REFEREE INFORMATION

Position		Professional Designation (P.Eng./P.Geo. etc)	
Employer		Discipline of Engineering/Geoscience	
Registration/Licence #		Jurisdiction of Registration	

Telephone Number: _____ **Email:** _____

If you are unable to act as a referee, please indicate the reason in the space provided:

A. YOUR PERSONAL KNOWLEDGE OF THE APPLICANT

1. How many years have you known the applicant:

Personally: _____ From (please provide dates) _____ to _____

Professionally: _____ From (please provide dates) _____ to _____

2. In your opinion, is the applicant's character:

Acceptable Not acceptable (please elaborate below)

B. YOUR PROFESSIONAL KNOWLEDGE OF THE APPLICANT

(Please provide comments in each section to assist the Registration Committee with their decision)

1. What is or was your professional relationship to the applicant?

Supervisor Client Colleague Other (please describe)

2. have you been professionally associated with the applicant and for what period during this time, has the applicant been engaged in engineering or geoscience?

3. have you taken responsibility for the applicants engineering / geoscience work?

4. In your opinion, are the applicant's English language skills related to the provision of engineering or geoscience services at a level sufficient to protect the interest of the public in British Columbia?

Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Listening	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

- apply engineering/geoscience principles in a knowledgeable and accurate manner?

Yes No

- possess sound professional judgment?

Yes No

- have the ability to recognize and work within his/her limitations?

Yes No

- adhere to APEGBC's Code of Ethics?

Yes No

C. YOUR ASSESSMENT OF THE APPLICANT'S EXPERIENCE

1. The purpose of the limited licence review process is to ascertain whether or not the applicant is ready to accept full professional responsibility for work performed and understands his/her limitations. Satisfactory experience involves the application of engineering or geoscience principles and theory, showing progression by evidence of increasing complexity and responsibility. It is requested that you review the enclosed summary of experience provided by the applicant and comment on its validity. Also, please emphasize any areas in which you judge the applicant to have gained outstanding experience. (Attach extra pages if necessary.) Please specify types of experience gained by the applicant **relevant to the requested scope of licence**, and which you can confirm.

2. You are asked to judge how much of the applicant's experience with which you are specifically familiar was:

Type of Experience	Duration (Number of years/months)	Dates	
		From (Month/Year)	To (Month/Year)
At a Non Technical Level			
Training/Familiarization			
At a Engineering/Geoscience Level			
At a Professional Level and Under Direct Supervision of a P.Eng/P.Geo			

3. In your judgment, is the applicant qualified by experience to practice at a **professional level within the scope of licensure requested**? If your answer is YES please be certain that the applicant can accept full professional responsibility including judging accurately when he/she is out of his/her depth.

Yes No (Please elaborate below)

D. ADDITIONAL INFORMATION

1. If you have any additional information which will assist in our evaluation, please provide it below:

2. If, for any reason, you believe that granting of Limited Licensure to the applicant should be withheld at this time, please comment below:

I confirm that I have read the questions and answered them completely and truthfully based on my personal knowledge of the Applicant and his / her work. Where I unable to answer a question due to lack of personal knowledge, I have indicated that in my response.

Signature		Date	
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Please return this form, with a copy of the applicant's work experience summary, to: APEGBC, 200-4010 Regent Street, Burnaby BC V5C 6N2, Canada or Fax to 604-430-8085. Forms can also be emailed to register@apeg.bc.ca

THANK YOU FOR TAKING THE TIME TO PROVIDE THIS REFERENCE. YOUR ASSISTANCE IS CRITICAL TO THE REGISTRATION PROCESS