

DIVISION OF BUILDING SAFETY  
PUBLIC WORKS CONTRACTORS LICENSE BUREAU  
1090 E Watertower St, Meridian, ID 83642  
208-334-4057

CONTRACTOR REFERENCE SHEET

This form must be completed and signed by the person familiar with you and/or your experience as a contractor, or you can submit the reference on company letterhead. If the answers to any of the questions require more space, please use additional paper. Upon completion, this form is to be submitted with your original application.

Name of Applicant: \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_  
(Individual's name) (Number of Years)

I have been familiar with the applicant's experience in construction-related work for \_\_\_\_\_  
(Number of Years)

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you familiar with the applicant's work to judge his/her qualifications as a contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The applicant performed in a manner which was satisfactory?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| The applicant performed in a manner which was unsatisfactory?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In your opinion, what trade(s) is the applicant experienced in? _____                       |                          |                          |

4. Please list projects in which the applicant was the responsible, in-charge individual and what his/her duties were.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you employed in a construction-related business?  YES  NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
If no, please explain your affiliation with the applicant: \_\_\_\_\_

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 6. What has been the basis of your relationship with the applicant? |                          |                          |
| Customer/Client of Applicant  | <input type="checkbox"/> | <input type="checkbox"/> |
| Subcontractor on project where applicant was also a subcontractor   | <input type="checkbox"/> | <input type="checkbox"/> |
| Architect/Engineering Concern                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Former Employer of Applicant  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please explain) _____  |                          |                          |

7. Completed by: \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Company Name \_\_\_\_\_

Full Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_