

DIVISION OF BUILDING SAFETY
PUBLIC WORKS CONTRACTORS LICENSE
1090 E Watertower St, Suite 150 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.

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 _____