

Letter of Verification

Name of Applicant: _____

Your Name: _____

Your Title: _____

Your Company Name: _____

Your Company Address: _____

Phone Number: _____

Your Profession: ___ Building Designer (___ AIBD member; ___ CPBD)

 ___ Architect

 ___ Contractor

 ___ Builder

 ___ Building Official

 ___ Engineer

 ___ Other: _____

My relationship to the Applicant: _____

I have known the applicant for _____ years ___ months

Please verify the years of experience and describe the professional abilities of the applicant as they pertain(ed) to you:

Signature: _____ Date: _____

By signing this letter, I attest to the professional abilities of the applicant in the time I have known him/her.

Please return this letter to the applicant to be included in the complete application package.