

5. Affidavits

RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Eng 500; and

CONTINUING PROFESSIONAL DEVELOPMENT

I attest that the information contained in this form and the above continuing professional development activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 30 professional development hours of approved professional development hours required by Eng 403.04. I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

 **SIGN HERE** _____

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC - TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, N.H. 03301

Find us on the on-line at www.oplc.nh.gov/engineers/index.htm

rev. 10/17/16

THE STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

An individual has applied to this Board for reinstatement of their license in the State of New Hampshire as a Professional Engineer and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reverse hereof, and assures you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a Professional Engineer before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot reinstate the license of the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for reinstatement. Please make sure that you enter the licensee's name on the reference form.

Very truly yours,



Donna Lobdell
Program Specialist III

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your address _____
(street and number) (city or town)
3. What is your present business or profession? _____
4. Are you a licensed Engineer? _____ In what State? _____ License # _____
5. How long have you known the applicant? From _____ To _____
6. Are you in any way related to the applicant? _____
7. What has been your business connection with the applicant? _____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

9. Please give a brief estimate of the applicant as an engineer. _____

10. Would you employ the applicant in a position of trust? _____
11. If the applicant is connected with a firm, please provide its name and address.

12. Is the applicant qualified to be placed in responsible charge of design or supervision of work? _____
13. If the applicant is in individual practice, please indicate the nature of such practice _____
14. Do you recommend the applicant for licensure as a Professional Engineer? _____
15. In my opinion the applicant has _____ years of engineering experience.
16. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Professional Engineer.

Date _____

Written Signature _____

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			