

Town Of Jackson Reference Form

THIS FORM MUST BE RETURNED TO THE TOWN OF JACKSON BUILDING DEPARTMENT AT PO BOX 1687 JACKSON, WY 83001. REFERENCE LETTERS MUST BE RETURNED BY THE REFERENCE NOT THE APPLICANT. LETTERS RETURNED BY THE APPLICANT WILL NOT BE ACCEPTED.

REFERENCE: _____
 ADDRESS: _____

APPLICANT _____
 ADDRESS: _____

I have applied to the Town of Jackson, Wyoming Contractor Licensing Board for a Master or Journeyman Certification in the:

- | | | |
|---|---|---|
| <input type="checkbox"/> General (Class A) Contractor | <input type="checkbox"/> HVAC | <input type="checkbox"/> Water Conditioner |
| <input type="checkbox"/> Building (Class B) Contractor | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Gas Service |
| <input type="checkbox"/> Residential (Class C) Contractor | <input type="checkbox"/> Lawn Sprinkler | <input type="checkbox"/> Wood Stove/Gas Stove |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire-Sprinkler | |

trade and have referred to you as having personal knowledge of my qualifications. This form will remain confidential in accordance with Wyoming State Law. Your prompt return of this form to the Board of Examiners in the enclosed self-addressed stamped envelope would be appreciated. Thank you for your assistance.

Applicant's Signature _____ Date _____

The following portion of this form is to be completed by the reference. All statements and information on the form are for the use of the Board of Examiners. Your comments on experience and ability should relate to the field checked in the box above.

1. What is your personal and/or business relationship to the applicant? _____
2. I have known the applicant personally and have knowledge of his/her experience in the referenced field from approximately _____ to _____.
 (month/year) (month/year)
3. Indicate your opinion of the applicant's qualifications in the applied for trade by placing an "X" in the appropriate spaces below. If an "INADEQUATE" box is checked, please attach a note of explanation to this form.

	Very Good	Good	Satisfactory	Inadequate	Unknown
Technical Competence					
Professional Integrity					
Personal Integrity					
Community Reputation					

4. Are you related to the applicant by blood or marriage? Yes No

Please give any information that you feel would assist the Board of Examiners in evaluating the applicant's qualifications:

Signature: _____ Date _____ Daytime Phone _____

