

MAINE BOARD OF UNDERGROUND TANK INSTALLERS

PERSONAL AND PROFESSIONAL REFERENCE FORM

Department of Environmental Protection
State House Station #17
Augusta, Maine 04330

Applicant's name: _____

Address: _____

Dear Recipient:

The above named applicant is submitting an application to be certified by the Maine Board of Underground Tank Installers. Certification by this board will authorize the applicant to be directly responsible for the construction and / or removal of facilities which will store hazardous and toxic petroleum products. In many cases these storage systems will be in close proximity to homes and present or future ground water supplies. You have been selected by the applicant as a person who can attest to his / her professional competency and / or personal integrity. Please do not take this request lightly. The livelihood of the applicant and the health and safety of Maine's people and environment depend on your honesty and integrity. Please return this form directly to the Board at the above address.

PLEASE PRINT OR TYPE

My Name: _____

Address: _____

Phone: () _____

My relationship to the applicant has been that of:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Customer |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other (please specify) |

	Excellent	Good	Poor	Do not know
Character - personal reputation				
Quality of professional work				
Technical knowledge and ability				
Ability to organize projects				

IF YOU ARE A PROFESSIONAL REFERENCE, PLEASE INDICATE:

How long you have worked together: _____ month/year to _____ month/year

Business or company you work(ed) for: _____

Working relationship, type of work, and comments: _____

Do you consider this applicant to be qualified for certification as an underground oil or hazardous substance storage system installer or remover?

Yes No

IF YOU ARE A PERSONAL REFERENCE, PLEASE INDICATE:

How long you have known applicant: _____ month/year to _____ month/year

Your impression of the conscientiousness, capabilities and personal integrity of the applicant: _____

Please attach an additional sheet if necessary.

Signed: _____ Date: _____

If you are a certified tank installer, your number: _____