**Reference Letter**

**Supplement to Variance Application Form**

**(32 MRSA Sec. 10010 3-A.D: 06-481 CMR c. 3 Sec. 4.0)**

|  |
| --- |
| Name of Applicant:  |
| Name of Reference: |
| Address: |
| Phone: | Email: |
| Relationship to applicant: [ ]  Supervisor [ ]  Facility Owner [ ]  Government Official Responsible for this Installation |

#### Installations

|  |  |  |  |
| --- | --- | --- | --- |
| Number | **Facility Name** | **City or Town** | **State or Province** |
|  1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6  |  |  |  |

Performance

Please rank the performance of the applicant by marking the box which best describes the applicant’s performance on the above-named installation(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | Excellent | Good | Poor | Don’t Know |
| **Character – Personal Reputation** |  |  |  |  |
| **Quality of professional work** |  |  |  |  |
| **Technical knowledge and ability** |  |  |  |  |
| **Ability to organize projects** |  |  |  |  |

Please describe and assess the performance of the applicant in your own words for the above-named installations:

I HEREBY CERTIFY THAT THIS REFERENCE CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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 Date

Revised: 06/23/2025