



State of Delaware
Department of Natural Resources
& Environmental Control

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Dover, Delaware 19901
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DOWLicensing@delaware.gov

Division of Water

PROFESSIONAL EXPERIENCE REFERENCE

(Please Type or Print Clearly)

Name of Applicant: _____

Name of Reference: _____

1. Date since I have known the applicant professionally: _____

2. My relationship with the applicant has been that of:

Employer Supervisor Co-worker Other: _____

3. Please rate the applicant in the following areas:

	Excellent	Good	Fair	Poor	Unknown
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I have personal knowledge of the applicant's work during the following dates:

from _____ to _____ while the applicant was
employed (check one): Full-time Part-time: _____ hours per week
as a _____.

During this time, the applicant used (check all that apply):

Initiative Skill Interpretative Judgement

5. During the time covered by this reference, the applicant was employed by: _____

6. Describe the applicant's duties and responsibilities, specify the types of rigs operated, types of wells constructed, depths of wells constructed, diameters of wells constructed, and types of pumps installed and serviced, if applicable.

7. **Additional Period of Employment (optional)**

I have personal knowledge of the applicant's work during the following dates:

from _____ to _____ while the applicant was employed (check one): Full-time Part-time: _____ hours per week as a _____.

During this time, the applicant used (check all that apply):

Initiative Skill Interpretative Judgement

Describe the applicant's duties and responsibilities, the types of rigs operated, types of wells constructed, depths of wells constructed, diameters of wells constructed, and types of pumps installed and serviced, if applicable.

8. Do you consider the applicant qualified to hold the license for which they've applied?

Yes No

Additional remarks and comments:

9. Person providing references must hold a valid well driller or pump installer license.

License Type: _____ Lic. # _____ State: _____

License Type: _____ Lic. # _____ State: _____

License Type: _____ Lic. # _____ State: _____

Reference's signature: _____ Date _____