## Pikes Peak REGIONAL Building Department

## **Reference Request**

The application for a license is under consideration by the Board of Review on behalf of Pikes Peak Regional Building Department ("PPRBD"). As a reference listed by the applicant, your response is important in assessing this individual's qualifications for the requested contractor's license. Information should be based on your knowledge of the applicant's work on a project. References may NOT be provided for a relative or by a PPRBD employee.

Please complete, sign, and return this form to PPRBD at your earliest convenience. You can return it to applicant for submission, mail it, hand deliver, or e-mail to Licensing@pprbd.org. PPRBD may contact any reference to verify information.

Applicant's Ir	nformation						
Applicant Name:	License Type Requested:						
Business Name: _							
	Refe	erence of App	olicant's Experier	nce & Quali	ifications		
Project Address:							
	Street Address (and P. O. Box, if applicable)					Apt./Unit#	
			City		State	Zip Code	
Permit Number:			Type of work: (ch	eck one)	Residential	Commercial	
If commercial, w	hat was the '	'Use"? (check	all that apply)				
Office	Retail	Church	Restaurant	School	Other:		
What is your relat	ionship to th	e Applicant o	n this project?				
What was the App	licant's posit	ion on this pr	oject?				
What trade or wo	rk did the Ap	plicant perfor	·m?				
What is your opini	ion of the Ap	olicant's perf	ormance on this p	roject? [limit 2	00 characters]		
			Comments				
Do you recommen Comments:		•	icense to this App	licant and co	ompany? Ye	s No	
_			Contact Informat	ion			
Name:		Phone: (Daytime)					
Address:							
	Street	Street Address (and P. O. Box, if applicable)					
		Cit	у		State	Zip Code	
E-mail:							
Signature:		Date:					
Last Updated: April	9, 2021						