

Name of Applicant: _____

Your Name: _____

Your Title: _____

Your Company Name: _____

Your Profession: ___ AIBD member ___ CPBD
 ___ Architect
 ___ Contractor
 ___ Builder
 ___ Building Official
 ___ Engineer
 ___ Other: _____

My relationship to Applicant: _____

I have known the applicant for _____ years ___ months

Please describe the professional abilities of the applicant as they pertain(ed) to you:

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991 Post Road East * Westport * CT 06880
(800)366-2423 * Fax: (203) 227-8624

Signature: _____ Date: _____

By signing this letter I attest to the professional abilities of the applicant in the time I have known him

Please copy this form onto your company's letterhead and return to the applicant.