



State of Idaho  
Division of Occupational and Professional Licenses  
Public Works Contractors Board

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233  
dopl.idaho.gov

## Standard Letter of Reference

### General Information

Name \_\_\_\_\_ has applied to the Public Works Contractors Board to fulfill the requirements and obtain a license as a Construction Manager by the State of Idaho.

Among the requirements as a construction manager, the candidate must complete or have completed a minimum of four (4) years of verifiable, responsible-in-charge construction management experience. It is presumed that this experience, together with defined academic preparation or additional construction management experience in the construction industry will provide a basis for licensing at a minimum acceptable level of competency.

Your assistance in verifying the applicant's experience while under your direction or supervision is important to both the applicant and the State of Idaho. The following format is designed to help the Public Works Contractors Board evaluate whether or not the objective of the experience criterion is met. Please provide as complete and accurate information as possible using this form.

In some cases, your point of reference may be a single project. In other cases, the responsibilities may cover several projects over a given time period. In the latter instance, please respond to the items as an aggregate of the applicant's responsibilities and functions for the referenced time period.

If you need assistance in completing this reference, please contact the Public Works Contractors Board. Phone: (208) 334-4057 or e-mail: [PublicWorks@dopl.idaho.gov](mailto:PublicWorks@dopl.idaho.gov)



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Name of Person Submitting Reference \_\_\_\_\_

Position/Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

*Professional relationship with the applicant:*

*Officer of Employer Firm*

*Direct Supervisor*

*Other (Please specify):* \_\_\_\_\_

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Your observations and opinions as to the applicant's capabilities to perform as a construction manager.  
(Please add additional pages as necessary.)



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I attest that the information provided on this page and the following pages to be factual, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete the following for each project or period of employment on which the applicant served that demonstrates his/her construction management experience.  
(Please add additional pages as necessary.)

Name of project to which this reference applies: \_\_\_\_\_

The applicant's position(s): \_\_\_\_\_

Time Period: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Architect/Engineer \_\_\_\_\_

Name of Constructor: \_\_\_\_\_

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Check the applicable specific duties of the candidate and briefly describe them.

Health, Environmental and Safety Regulations



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Interpretation of Construction Contracts

Financing

Scheduling

Project Administration