AIBD Membership Letter of Recommendation

Name of Applicant:_____

Your Name: _____

Your Title: _____

Your Company Name: _____

Your Company Address: _____

Phone Number: _____

Your Profession:
___ Designer (___ 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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_____

Signature: _____ Date: _____
By signing this letter, I attest to the professional abilities of the applicant in the time I have known him/her.