**Reference Letter**

**Supplement to Variance Application Form**

**(32 MRSA Sec. 10010 3-A.D: 06-481 CMR c. 3 Sec. 4.0)**

Name of Applicant:

Name of Reference:

Address:

Phone:

Email:

Relationship to Applicant:  Supervisor Facility  Owner  Government Official Responsible for this Installation

#### Installations

|  |  |  |  |
| --- | --- | --- | --- |
| Number | **Facility Name** | **City or Town** | **State or Province** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

Performance

Please rank the performance of the applicant by marking the box which best describes the applicant’s performance on the above-named installation(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | Excellent | Good | Poor | Don’t Know |
| **Character – Personal Reputation** |  |  |  |  |
| **Quality of professional work** |  |  |  |  |
| **Technical knowledge and ability** |  |  |  |  |
| **Ability to organize projects** |  |  |  |  |

Please describe and assess the performance of the applicant in your own words for the above-named installations:

I HEREBY CERTIFY THAT THIS REFERENCE CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

Revised: 07/17/2025