



Office of Consumer Protection

50 Sanatorium Road, Building A, 5th Floor, Pomona, NY 10970
Phone: (845) 364- 3901 Email: CPLCAL@co.rockland.ny.us

Kimberly Von Ronn, Esq.
Director and Public Advocate

Applicant's Name: _____

Applicant's Company Name: _____

REFERENCE LETTER FORM

Verification of Qualifying Experience

The below information must be completed by the person providing the reference for the Applicant. Acceptable references include **former employers, licensed architects and engineers, building inspectors, certified contractors, and customers.** References will be contacted via email or phone for verification. Do not leave spaces blank. If not applicable, write N/A.

Your Company Name (if applicable): _____

Your Name: _____

Address where work was performed: _____

Phone#: _____

Email: _____

Professional Relationship

How long have you known the applicant professionally? _____

When was the construction work performed? Month_____/Year_____ to Month_____/Year_____

Description of Work Observed

List the type of construction work you personally saw the applicant perform. Be as specific as possible.
Do NOT list project names; describe the work itself in detail.

