REFERENCE FORM

for applicant to send to one of the three persons given as references on the CMS application form

The person filling in this form should mail it directly to:
USMA certified Metrication Specialist Program.
Dr. Don Jordan, College of Arts and Sciences, USC Columbia, SC 29208

APPLICANT:  Below this, fill in name/address of the person to whom you are sending this Reference form

I have filed with the USMA Certified Metrication Specialist Program to be certified as a metrication specialist, and have listed you as someone who will verify my involvement in metric activities. I would greatly appreciate your returning this form (completely filled in) to the CMS Program address given at the top of this sheet, no later than ___________________________ to expedite processing of my application.

(date to be filled in by CMS applicant)

Thank you for your assistance and cooperation.

__________________________________________________________
Name of applicant (print or type)

__________________________________________________________
Signature of Applicant

__________________________________________________________
Street and Number

__________________________________________________________
City  State  Zip Code

THIS PART SHOULD BE COMPLETED BY PERSON GIVEN AS REFERENCE

1. GENERAL BACKGROUND

   I have personal knowledge of this applicant's metric activities from ________________ to ________________

   (Use month and year to best of your knowledge)

   From personal knowledge of applicant's metric work and general capabilities, I would rate him/her as:

<table>
<thead>
<tr>
<th>Capacity to accept responsibility</th>
<th>SUPERIOR</th>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>ADEQUATE</th>
<th>BELOW PAR</th>
<th>POOR</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application of technical knowledge</td>
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<tr>
<td>Professional Attitude</td>
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<tr>
<td>Judgement</td>
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</tbody>
</table>

   Do you consider him/her qualified to be certified as a metrication specialist?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NO REMARKS</th>
<th>DO NOT KNOW</th>
</tr>
</thead>
</table>

   My relationship with him/her has been:
   Employer  __  Co-worker  __  Reviewed Work  __  Associate  __
   Supervisor  __  Indirect  __  Other: (Explain)  ________________________

   Are you related to this applicant by blood or marriage?  Yes__  No__  If yes, explain ____________________________

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

   If you are related to the applicant by blood or marriage, please explain the relationship.

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________
I have personal knowledge of this applicant’s qualifying metric work or experience as follows:

<table>
<thead>
<tr>
<th>DATES</th>
<th>JOB TITLE</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td></td>
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<td></td>
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</tbody>
</table>

Projects he/she worked on:

<table>
<thead>
<tr>
<th>KIND OF PROJECT</th>
<th>DESCRIPTION</th>
<th>DURATION AND LEVEL OF RESPONSIBILITY</th>
</tr>
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</table>

Which activities of the applicant do you feel qualify him/her to be certified as a metrication specialist?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. REMARKS

The CMS Board would appreciate any additional or amplifying information you can provide regarding the applicant’s metric or general-work experience and capabilities, plus his/her limitations (if any):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Your Title: ________________________________
Your Firm: ________________________________ Signature ________________________________

Date: ________________________________

NOTE: Types of metric activities that will help qualify the applicant who gave you as a reference include the following:

- On-the-job projects where the metric system was used;
- Metric classes or training taken or taught;
- Metric articles, papers, documents published or presented;
- Metric workshops, conferences, or other metric activities participated in or conducted.

Mail this to: USMA CMS Program
e/o Dr. Don Jordan, College of Arts and Sciences, Room 323 Sumwalt, USC, Columbia, SC 29208