



DATE: [redacted]

<p>TO (name of reference): [redacted]</p> <p>ADDRESS: [redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p style="text-align: center;">City State Postal Code</p> <p>PHONE (include area code): [redacted]</p>	<p style="text-align: center;">For Office Use Only</p> <p>Date Received:</p>
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Dear Colleague:

I, [redacted] have submitted an application to the Coordinate Metrology Society for (please check appropriate category):
as a Portable 3D Metrologist:

<input type="checkbox"/> LEVEL 1 CERTIFICATION	<input type="checkbox"/> LEVEL 1 RECERTIFICATION
<input type="checkbox"/> LEVEL 2 CERTIFICATION <input type="text"/>	<input type="checkbox"/> LEVEL 2 RECERTIFICATION <input type="text"/>

and I am requesting that you serve as a reference.

The Certification Program of the Coordinate Metrology Society (CMS) is designed to identify persons engaged in various professional aspects of the coordinate metrology sciences who, in the judgment of their peers, have met specific requirements for educational background at the university level, and for actual job experience.

This means experience at the level of design of instruments or systems; the responsibility for planning and directing coordinate metrology projects; research on the accuracy, cost or adaptability of equipment or systems.

The award of "Certification" does not provide legal status as in the case of licensure. Each applicant, however, must pledge to accept and abide by the Society's Code of Ethics, and thereby not to practice or advise in any aspects of coordinate metrology except those in which they are judged to be professionally competent.

Please complete the Confidential Reference Form (page two) as soon as possible, and return both pages to **CMS, c/o ASPRS, 425 Barlow Place, Suite 210, Bethesda, MD 20814**. This information will be treated by the CMS and ASPRS in a confidential manner. If you do not wish to serve as a reference, please return this form to me.

[redacted]

Signature of Applicant

[redacted]

Applicant's daytime phone

[redacted]

Applicant's e-mail address

Applicant - Please complete page 1 and mail both pages 1 & 2 to your reference
Reference - Please complete page 2 and return both pages to:
CMS, c/o ASPRS, 425 Barlow Place, Suite 210, Bethesda, MD 20814



Applicant:

CONFIDENTIAL REFERENCE FORM

1. How long have you known the applicant? From: To:

2. What has been your relationship (supervisor, co-worker, subordinate, friend) to the applicant?

3. Are you familiar with the professional work of the applicant? Give examples.

4. What is your evaluation of the applicant's work?

5. Does the applicant conduct his/her work in a professional manner? Give examples.

6. Given your knowledge of the applicant's qualifications, do you recommend the applicant for certification \recertification as a **Certified Portable 3D Metrologist**? For Level 2 certifications only: Number of hours of hands-on experience with device. *(please select one only)*: Number of hours:

Comment:

7. Please give the applicant's position and title at the present time

8. Other comments:

Name *(type or print)*:

Signature:

Title or Position:

Email address:

Date:

**Applicant - Please complete page 1 and mail both pages 1 & 2 to your reference
Reference - Please complete page 2 and return both pages to:**

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