



**I. Instructions for CSAP Applicant:**

Please select three (3) supervisors from your Presentation of Experience to act specifically as references for you. Please supply each of the selected references with a copy of the Reference Form and the portion of the work experience and project details for which the Reference has supervised and is asked to validate. The references are to complete, sign and return the Reference Forms directly to CSAP Society. References should not return the completed form to the applicant. Forms returned care of the Applicant or without the relevant portion(s) of your work experience details attached will not be accepted.

For filing and tracking purposes, the applicant should provide a copy of the unsigned Reference Forms in their application package.

References must have first-hand knowledge of the applicant’s contaminated sites work experience and may be supervisors, project supervisors, project managers, colleagues, or other knowledgeable parties at CSAP Society’s discretion.

**II. Completion by the Applicant:**

Applicant’s Name \_\_\_\_\_

Reference’s Name \_\_\_\_\_

Reference’s Position \_\_\_\_\_

Reference’s Telephone \_\_\_\_\_

Reference’s E-Mail \_\_\_\_\_

Reference’s Address \_\_\_\_\_

Position(s) and project number(s) reference is asked to validate (i.e., Position 1/Project 3):

_____	_____
_____	_____
_____	_____

### III. Instructions for Reference:

The individual listed above has applied for membership with the Society of Contaminated Sites Approved Professionals (CSAP Society). Approved Professionals are authorized to make submissions, including advice and recommendations, to the Ministry respecting:

- (i) A Determination that a site is a contaminated site,
- (ii) An Approval in Principle,
- (iii) A Certificate of Compliance, or
- (iv) Other matters specified by the CSAP Society Rules.

The applicant has asked you to provide a reference to be considered by CSAP Society when it reviews the candidate's application for membership. Because a large portion of CSAP Society's evaluation process is based upon peer evaluation of the applicant, it is essential that you provide considered and candid responses to each of the questions below. These questions concern the professional capabilities and character of the applicant. Please answer all questions to the best of your direct knowledge only.

If, for any reason, you feel that you cannot provide a completed Reference Form for this applicant, please return the form to CSAP Society with an explanation of why you are unable to complete the form.

Your completed Reference Form will be handled in accordance with the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Your comments will only be shared with the applicant in accordance with FOIPPA upon their request and only if the comments cannot be attributed to you.

**Please submit your completed form, with the relevant portion(s) of the candidate's work experience details as provided by the applicant, directly to the CSAP Society at [exams@csapsociety.bc.ca](mailto:exams@csapsociety.bc.ca).** Forms returned care of the applicant or without the relevant portion(s) of the applicant's work experience details attached will not be accepted.

Should you have any questions about this form or about the CSAP Society, please do not hesitate in contacting CSAP Society staff.

### IV. Completion by the Reference:

#### 1. Are you a member of any of the following Regulatory Professional Associations?

- EGBC; Registration number \_\_\_\_\_
- CAB; Registration number \_\_\_\_\_
- BCIA; Registration number \_\_\_\_\_
- ACPBC; Registration number \_\_\_\_\_
- Other; Registration number \_\_\_\_\_

**2. How long you have known the applicant personally?**

From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

**3. How long you have known the applicant professionally?**

From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

**4. For each of the position(s)/project(s) that you are asked to validate, what was your professional relationship to the applicant? (e.g., supervisor, colleague or other [at CSAP Society's discretion])**

Position/Project # \_\_\_\_\_

Relationship \_\_\_\_\_

Position/Project # \_\_\_\_\_

Relationship \_\_\_\_\_

Position/Project # \_\_\_\_\_

Relationship \_\_\_\_\_

**5. Do you know of any reason that the CSAP Society should not grant membership to the applicant?**

No

Yes; if yes, please provide the reason here (add additional paper, if required):

**6. In your opinion, is the attached portion of the applicant's work experience details accurate (e.g., duration of position(s) and project(s), hours of claimed experience, position role and responsibilities, project descriptions, decision-making role, etc.)?**

Yes

No; if no, please provide and comment on the inaccuracies here (add additional paper, if required):

**7. Please add any additional comments here:**

**Reference Signature:**

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**Date:**

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