

INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT

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Visit our website at www.ihmm.org

Applicant: Please fill in your name on this form, and give/send them to your references. (You need two references.)

Applicant's Full Name: _____

REFERENCE EVALUATION

Dear: _____

(Name of Reference)

The above-named Applicant is applying for certification as a Certified Dangerous Goods Professional (CDGP) and you have been selected as someone who can provide valuable information about him or her. Please answer all questions as completely as possible and mail or fax this form promptly to IHMM (address above) to expedite the application process. All information you provide will be kept confidential. Thank you.

1. I have known the applicant since (month/year) _____ .
2. In what capacity or situation(s) have you been able to form a judgment of the applicant's abilities?

Comments: _____

3. How would you describe the applicant's capabilities, achievements, and accomplishments in the field of dangerous goods transport? (You may indicate a point on the continuum or describe in your own words, or both.

Poor -----Average -----Superior

Comments: _____

4. Are there any reasons why you would recommend that the candidate **NOT** be certified as a CDGP?

- No
- Yes

Comments: _____

Your name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail address: _____

Signature: _____ Date: _____