

INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT

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Visit our website at www.ihmm.org

Candidate: Please fill in your name and birthdate on two of these forms, and give/send them to your references. (You need two references.)

Candidate's Name _____ **Date of Birth** _____
(Month & Day Required)

REFERENCE EVALUATION

Dear _____:
(Name of Reference)

The above-named candidate is applying for certification as a Certified Hazardous Materials Manager (CHMM) 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 candidate's abilities?

3. How would you describe the candidate's capabilities, achievements, and accomplishments in the field of hazardous materials management? (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 CHMM?

No Yes (If 'Yes' please explain. Attach additional sheets, if necessary.)

Your name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No(s): _____ E-Mail Address: _____

Signature ✓ _____ Date: _____