



## EXPERIENCE REFERENCE FORM PE EXAM

Please read the INSTRUCTIONS page before completing.

### 1: General Information and Signatures

#### APPLICANT: COMPLETE THIS SECTION

Applicant Name Patrelle Doe  
(Legal first name- no nicknames) (Last)

Applicant Title Engineer 1  
(Job title under supervisor listed below)

Engineering Discipline Mechanical Engineer  
(List the discipline for which you are applying to sit)

Supervisor Name Christopher Smith

Employer/Company Name ABC Engineering Company

Employment Dates: 05/20/2016 to 03/16/2018  
(MM/DD/YYYY) (MM/DD/YYYY)

Employment Type:  Full Time  Part Time - If part time, indicate hours per week: 30

Postmark Date: 05/10/2018  
(MM/DD/YYYY)

Provide a date prior to your application deadline by which you want the supervisor to return this form to the Board.

#### APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.

I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and employment. I authorize the release of information, favorable or otherwise, directly to the Board.

*Patrelle Doe* 5/1/2018  
Applicant Signature Date

#### SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant more thorough. All information secured from supervisors/employers is for the use of the Board. In keeping with the Minnesota Government Data Practices Act, the information you provide will be private until the applicant becomes licensed, at which time it will be classified as public information.

Please return this signed and completed form to the Board by the postmark date indicated in the box above.

The applicant:

1. Worked under my direct supervision:  Yes  No

2. Performed engineering work in the following area(s):

Administrative  Management  Design  Analytical  Technical  Other (specify) \_\_\_\_\_

3. Was primarily involved in the following engineering area(s):

Building/Structure  Product  Road/Bridge  Materials and/or Soil Testing/Inspection  
 Systems Design  Review of Engineering Documents  Other (specify) \_\_\_\_\_

4. Provided correct employment dates and hours worked per week above:  Yes  No

If no, provide correct dates/hours: \_\_\_\_\_

*Christopher Smith* 5/10/2018  
Supervisor Signature Date

## 2: Description of Work/Projects/Responsibilities

Applicant Name: Patrelle Do

Supervisor Name: Christopher Smith

**APPLICANT:** Use this section to document qualifying experience as defined in MN Rule 1800.2805. Complete all information for each assignment or engagement. The description of work must accurately reflect the character of the work, the degree of responsibility, the location of the work, and the client. Mark the type of experience for each description at right (select all types that apply). Attach additional sheets as needed.

**SUPERVISOR:** Initial next to **every description** you can substantiate in the box on the column at right.

<b>APPLICANT:</b> Describe your work in detail (projects, location/setting, clients, degree of responsibility, skills demonstrated).	<b>APPLICANT:</b> Mark type of experience.*								<b>REQUIRED! SUPERVISOR:</b> Initial below.
	D	P	TS	CS	RA	EE	S	OI	
May 2016-May 2017: Performed design review and design verification of numerous drawing changes for safety systems. Ensured changes did not affect the design basis of the component or system.	✓		✓	✓	✓		✓		CS
January 2017-March 2017: Member of plants' Local Leak Rate Testing team ensuring all requirements of the 10 CFR 50 Appendix J program were met. Performed complex troubleshooting to determine cause of testing failure and implement corrective actions to restore component to the required function.			✓	✓			✓	✓	CS
June 2017-August 2017: Provided technical expertise in evaluating plant conditions after startup from a plant outage with respect to leaking S/RV. Developed decision-making guidelines for Operations based on data analysis, industry operating experience, plant operating experience and plant trends. Evaluated procedural, licensing, and design limits to ensure safe operation during degraded valve condition.			✓	✓	✓		✓		CS
August 2017-February 2018: Assisted Operations in the analysis and evaluation of S/RV operability. Performed calculations and analysis to ensure Technical Specification and design requirements were met with installed valve configuration. Developed and implemented corrective actions to ensure correct configuration for future valve rebuilds was assured.			✓	✓	✓		✓		CS

D = Design  
 P = Planning  
 TS = Technical Specifications

**\* Key to Experience Type Codes**

CS = Codes and Standards  
 RA = Research and Analysis

EE = Engineering Economics  
 S = Safety  
 OI = Observation and Inspection