



**Reference (2)** – Supervisor or Colleague

Reference Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

An applicant applying for registration as a Limited License Agrologist (LLAg) has asked you to provide a work reference. **To act as a reference, you must have direct knowledge of the applicant’s work experience as a supervisor or colleague for the time period specified in the detail you are providing.** You may wish to review BCIA’s Practice Areas ([www.bcia.com](http://www.bcia.com)) to assist your explanations of how the applicant’s work experience and knowledge fit within the respective Practice Area for which you believe the applicant may be qualified to work within.

*Once you have completed this form **including the declaration below**, please send directly to the BCIA Deputy Registrar at [Laurena.Olsen@bcia.com](mailto:Laurena.Olsen@bcia.com), and cc the applicant.*

Start Date (m/y)	End Date (m/y)	Applicant’s Title	Name of Company & City

**Activities:** Describe the major activities during this period including duties performed, skills and techniques used and the level of responsibility.

I certify that the information provided is correct, complete and provides full disclosure.

Dated: \_\_\_\_\_