

## **Professional Gemological Reference**

| Dear [insert reference name here]:  |   |
|---|---|
| You have been given as a professional reference by [insert applicant name here] |   |
|   | appreciate your taking a moment to consider this person's professional gemological long with your candid comments regarding his/her application, it will expedite the |
| Dear AGA Membership Committee,  |   |
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| Reference's Signature*:   | Date (day/mo/yr):   |
| Print your name:  |   |
| Phone:  | Email:  |
| * If you cannot provide a digital signature, please save & print the            | This form must be saved to your computer prior to emailing.  Please email to exec.admin@accreditedgemologists.org   |
| document, sign by hand, scan & send.  | Alternately, you may mail it directly.  |
|   | AGA   |

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