

**GEORGIA DEPARTMENT OF  
PUBLIC HEALTH**

**SOIL CLASSIFIERS CERTIFICATION ADVISORY  
COMMITTEE**

**Application for Registration  
Geologist**

*Mail application to:*      **Soil Classifiers Advisory Committee  
DPH, Environmental Health Section  
Two Peachtree Street NW, 13th floor  
Atlanta, GA 30303-3186**

**Application Review Check List**

*For Soil Classifiers Certification Advisory Committee use only*

\_\_\_\_\_ Completed Application (signed and notarized)

\_\_\_\_\_ Code of Ethics (signed and notarized)

\_\_\_\_\_ Proof of Insurance

COMPLETING THE APPLICATION: This application must fully complete, signed, and accompanied by required documentation before it will be considered by the Soil Classifiers Advisory Committee.

### **Section 1: Contact Information**

Applicants Full Name:

Home/Cell Phone:

Home Address:

Email Address:

Company Name:

Company Phone/Fax:

Company Address:

### **Section 2: Education**

The DPH Rules for On-site Sewage Management Systems stipulate that “any person who holds a valid certificate of registration as a geologist issued pursuant to Chapter 19 of Title 43 and is practicing within his or her area of competency may register with the Department of Public Health to perform soil investigations of the suitability of a site within the State for an on-site sewage management system, provided they meet the insurance requirements and provide a complete application to the Department.

**Please Note: Geologists must show successful completion of at least 3 semester hours (or equivalent) of college courses related specifically to soils classification and suitability of sites for on-site sewage management systems.**

**Certificate of Registration Number:**

**Educational institutions attended beyond high school:**

Name and Location of School:

From (month/year):

To (month/year):

Major:

Degree received:

Date degree received:

*\* Include original transcripts (no photocopies); Copy/paste info to add additional schools.*

**Relevant continuing education courses taken:**

Date:

Location:

Hours:

Instructor(s):

*\* Attach course information and certificate of attendance.*

**Additional college level courses:**

Course Name

College/University

Quarter/Semester hours

*\* Attach transcript(s).*

**Section 3: Insurance**

The Georgia Manual for Onsite Sewage Management Systems requires that Soil Classifiers submit evidence of current errors and omissions insurance or other comparable indemnification in the amount of \$1,000,000.

Do you currently carry such insurance? Yes No (circle one).

If yes, attach a copy of your current policy.

If you currently do not carry such insurance, please note it is not required to submit the application. However, if your application is accepted, you must furnish proof to the Soil Classifiers Advisory Committee that you maintain a professional Liability Policy as specified in the Georgia Manual for Onsite Sewage Management Systems prior to being granted registration with the Department.

**Section 4: Verification of Residency**

In order to obtain and/or renew my status as an Approved Soil Classifier, I hereby swear, under oath, that I am: (check one of the following)

\_\_\_\_\_ A Citizen of the United States;

\_\_\_\_\_ A legal permanent resident of the United States;

\_\_\_\_\_ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.

Official Alien Number: \_\_\_\_\_

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):

\_\_\_\_\_ Driver's license

\_\_\_\_\_ Birth certificate

\_\_\_\_\_ US Passport

\_\_\_\_\_ US Permanent Residence or Alien Registration Receipt Card  
\_\_\_\_\_ Certificate of Citizenship or Naturalization  
\_\_\_\_\_ Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

**Section 5: Affidavit and Notarization**

I understand that I may be required to furnish additional information if requested by the Committee.

I hereby certify that I have read and agree to abide by the rules and regulations of the Department of Public Health for Soil Classifiers and the Code of Professional Conduct adopted by the Committee. I further certify that the information contained in this application (including Residency Verification and all attached documents) is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_  
Date \_\_\_\_\_

Seal of Geologist:

County of \_\_\_\_\_ State of \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

SEAL