



Georgia Department of Public Health
Environmental Health Section
dph.georgia.gov/environmental-health

Soil Classifiers Certification Committee Reference Form

This part to be completed by applicant and emailed to individuals who are references:

Applicant's Name:

Address:

I agree that this reference shall remain confidential. Yes No

To the Reference:

You have been named as a reference by the applicant listed above. The Soil Classifiers Certification Advisory Committee requests that you provide answers to the following questions with regard to the character of the applicant in order that the Committee might better assess the applicant's qualifications.

Please return the completed form to: EnvironmentalHealth@dph.ga.gov

Attn: Soil Classifiers Certification Advisory Committee

1. Please describe in detail your relationship (business/personal, etc.) to the applicant.

2. Number of years you have known the applicant:

3. Are you aware of anything that may make the applicant ineligible for certification?

If yes, please explain:

4. How long have you known the applicant to be engaged in soil classification and mapping:

5. In your professional opinion, has this applicant demonstrated competence and knowledge in the profession of soil classification and mapping?

Please explain:

6. Would you entrust the applicant with the responsibility for an important soils project involving the welfare and safety of the public?

7. Would you recommend certification of the applicant when experience and examination requirements have been satisfactorily completed?

8. Your comments and/or recommendations regarding the applicant:

9. Please describe your professional background if other than a Soil Scientist:

10. Your business or employment affiliation:

11. Your business or employment title:

12. Are you a licensed Soil Scientist or Soil Classifier or eligible to be a certified Soil Classifier?

If Certified, Licensed or Registered as a Soil Classifier or Soil Scientist, please stamp the bottom of this page with you current seal.

Signature: _____

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

*To request an application Microsoft WORD format email: environmentalhealth@dph.ga.gov