

**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 Advisory Committee use only**

_____ Completed application signed
_____ Proof of Insurance

Application form

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

Preferred mailing address (circle one) home business

1. Full Name: _____

2. Current Business address: _____

Name of business _____

Telephone _____

Fax number _____

E-mail _____

Residence address: _____

Telephone _____

E-mail _____

3. Education:

Name and Location of School: _____

Dates of attendance from _____ (Mo/Yr), to _____ (Mo/Yr)

Major: _____ Degree received: _____

Date degree received _____ (Mo/Yr)

Name and Location of School: _____

Dates of attendance from _____ (Mo/Yr), to _____ (Mo/Yr)

Major: _____ Degree received: _____

Date degree received _____ (Mo/Yr)

4. The DHR Rules for On-site Sewage Management Systems (chapter 290-5-26) stipulate that “any person who holds a valid certificate of registration as a geologist issued pursuant to Chapter 19 of Title 43 may register with DCH to perform soil investigations, provided they meet the insurance requirements and provide a complete application to the Department.

Certificate of Registration Number: _____

5. 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, please provide documentation that shows the name of the company, policy number, contact information and policy periods below:

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.

6. AFFIDAVIT.

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

I hereby certify that I have read 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 attached sheets) is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Seal of Geologist: