GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) SOIL CLASSIFIERS CERTIFICATION COMMITTEE

Reference Form

A nnli	icant's Name:			
тррп	Last	First	Middle	
Addre	ess:			
_				
agre	ee that this reference shall remain confidentia	l. Yes	No	(circle one)
Γo the	e Reference:			
Advis	have been named as a reference by the applic sory Committee requests that you provide an oter of the applicant in order that the Commi	swers to the follow	wing questions with	regard to the
Please	e return the completed form in a sealed envel	loped to the follow	ving address:	
	DPH, Environ 2 Peachtree S	rs Certification Ad amental Health Br treet, NW, 13 th Flo gia 30303-3186		
•	Please describe in detail your relationship	o (business/person	al, etc.) to the appl	cant.
 	Number of years you have known the app	plicant		
3.	Are you aware of anything that may mak If yes, please explain on the back of this		eligible for certifica	tion?
l.	How long have you known the applicant		soil classification ar	nd mapping?
	In you professional opinion, has this appl	licant demonstrate	ed competence and	knowledge in the xplain

7.	Would you recommend certification of the applicant when experience and examination requirements have been satisfactorily completed?
3.	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.
Signatu	pre:Date:
Name:_	
Addres	s:
Telepho	one: ()
email:_	