

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: _____

Telephone: (_____) _____

email: _____