

BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS

PROFESSIONAL REFERENCE REQUEST FORM

Professional

You are requested to submit this professional reference request form on behalf of the applicant to the IDAHO STATE BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS, PO Box 83720, Boise, ID 83720-0063 or email to GEO@dopl.idaho.gov. If for any reason you feel the applicant should not be considered for registration, under the laws of the State of Idaho, it is your duty to state why registration should not be extended to this applicant.

Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(This section to be filled in by reference)

My relation to the applicant has been as ( ) Employer ( ) Superior ( ) Co-worker ( ) Subordinate ( ) Other (describe) \_\_\_\_\_

Table with 5 columns: Applicant's Qualifications, Excellent, Good, Poor, No Opinion. Rows include Professional Attitude, Reputation and Character, Quality of Geologic Work, Full Utilization of Technical Training, Effort to Keep Current in This Field, Ability to Make Sound Geologic Decisions.

I personally have knowledge of applicant's experience in a responsible position from \_\_\_\_\_ to \_\_\_\_\_ (total months) while he/she worked for \_\_\_\_\_ as a \_\_\_\_\_ Company Position

In this responsible position, the applicant performed the following type of work:

Large empty rectangular box for describing the applicant's work.

I ( ) do consider the applicant to be qualified for registration as a professional geologist. I ( ) do not consider the applicant to be qualified for registration as a professional geologist.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ License/Registration State \_\_\_\_\_ License/Registration # \_\_\_\_\_ License/Registration Expiration Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_