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, 11341 W Chinden Blvd. Building 4, Boise, ID 83714 or email to BCRE-licensing@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)_____

Applicant's Qualifications	**Excellent**	**Good**	**Poor**	**No Opinion**
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:

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 _____