

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF CERTIFICATION FOR GEOLOGISTS AND SOIL SCIENTISTS
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8672 FAX: (207)624-8636
Maine Relay 711 (TTY)

STATE OF MAINE – PROFESSIONAL REFERENCE FORM

Applicant Information (please print)

Name		
Address		
City	State	Zip Code

I have personal knowledge of this applicant's work from: _____ to _____

My relationship with this applicant has been that of:

Employer
 Supervisor
 Co-Worker
 Other (Explain)

	EXCELLENT	GOOD	POOR	DO NOT KNOW
Character – Personal Reputation				
Quality of Professional Work				
Application of Technical Knowledge				
Professional Attitude – interest, initiative				

I have personal knowledge of applicant's experience in a responsible position.
(DO NOT LIST SUB-PROFESSIONAL WORK)

Dates		TOTAL Months	Employer
From	To		

Approximate percent of time in Responsible Position as a Geologist or Soil Scientist	%
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Project, Description of Work, and Comments

Do you consider this applicant to be qualified for registration as a geologist or soil scientist?

Yes No

Additional Remarks or Comments

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Signature

Name Printed

Registration No.

Present Position

State

Employer