STATE OF ARKANSAS BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS

3815 West Roosevelt Rd Little Rock, Arkansas 72204 (501) 683-0150 www.pgboard.ar.gov

FORM FOR PROFESSIONAL REFERENCE

Name of Applicant					
Address		To be filled in by	applicant		
Act 701 of 1987 requires that professional geological work	at an applicant for . Your name has	To be filled in by r registration as a p been submitted by	respondent professional geologist in Arl professional the thick that the respondent in the professional respondent in the contraction of the contr	as one who can attest to	
State your profession specialty		year	•	d of Registration address above	
How long have you known Your relationship with the	n the applicant pro	ofessionally?			
Employer	Supervisor	Co-worker	Other		
				t utilize his/her services.	
Quality of Professional v	vork Exce	<u>llent</u> <u>Good</u>	<u>Poor</u> <u>Un</u>	<u>known</u>	
A. Use of technical knowled	ge				
B. Soundness of judgment	<u></u>				
C. Professional attitude					
D. Professional reputation					
I am familiar with the applica	nt's work from		(date) to	(date).	
On the reverse side, please dif necessary)	lescribe in detail th	ne quality and type	e of work experience of thi	s applicant. (Add more pages	
Name / Title			State(s) of Registr	State(s) of Registration	
Address			Geologic Registrat	Geologic Registration No(s).	
City State, Zip		·			
Phone Number			Signature	Date	

revised 09/11