

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

 To be filled in by respondent

Act 701 of 1987 requires that an applicant for registration as a professional geologist in Arkansas have experience in professional geological work. Your name has been submitted by the applicant listed above as one who can attest to his/her experience and background. Please return this form directly to the Arkansas Board of Registration address above.

1. State your profession _____ years of experience _____, and any specialty _____.
2. How long have you known the applicant professionally? _____
3. Your relationship with the applicant has been that of:
 Employer _____ Supervisor _____ Co-worker _____ Other _____
4. If you needed someone with the applicant's particular skills, you would _____ would not _____ utilize his/her services.
5. Please rate:

<u>Quality of Professional work</u>	<u>Excellent</u>	<u>Good</u>	<u>Poor</u>	<u>Unknown</u>
A. Use of technical knowledge	_____	_____	_____	_____
B. Soundness of judgment	_____	_____	_____	_____
C. Professional attitude	_____	_____	_____	_____
D. Professional reputation	_____	_____	_____	_____

I am familiar with the applicant's work from _____ (date) to _____ (date).

On the reverse side, please describe in detail the quality and type of work experience of this applicant. (Add more pages if necessary)

 Name / Title

 State(s) of Registration

 Address

 Geologic Registration No(s).

 City State, Zip

 Phone Number

 Signature

 Date