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:

   Quality of Professional work            Excellent       Good          Poor          Unknown

   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

____________________________________________________________________________
Address

____________________________________________________________________________
City State, Zip

____________________________________________________________________________
Phone Number

____________________________________________________________________________
State(s) of Registration

____________________________________________________________________________
Geologic Registration No(s).

____________________________________________________________________________
Signature     Date

revised 09/11