

# Wisconsin Department of Safety and Professional Services

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## EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

### PROFESSIONAL SOIL SCIENTIST SECTION

#### PROFESSIONAL SOIL SCIENTIST APPLICANT APPRAISAL FORM

<b>APPLICANT NAME</b> _____	<b>Birthdate</b>
<b>ADDRESS</b> _____	
_____	

The applicant named above has applied for licensure as a professional soil scientist in the State of Wisconsin. To assist the board in reviewing the applicant, we would appreciate your appraisal (of the applicant's proficiency) as requested below and on the back of this form.

- I know this applicant:  - very well     - well     - slightly     - not at all
- My contacts with the applicant extend from \_\_\_\_\_ to \_\_\_\_\_.
- These contacts were (check all that apply):  
 - As an associate in soil science work     - As a student in my classes  
 - In social or community affairs     - In professional society activities  
 - Other (specify) \_\_\_\_\_
- In my opinion the applicant's personal integrity and character \_\_\_\_\_
- Have you had business dealings with the applicant?     - yes     - no.  
Comments: \_\_\_\_\_
- If your answer to #5 is no, would you willingly have such dealings?     - yes     - no.  
Comments: \_\_\_\_\_
- Are you aware of any business or professional activities by the applicant that you would consider to be questionable or unethical?     - yes (Please Explain)     - no.  
Comments: \_\_\_\_\_
- I am familiar with the applicant's work at \_\_\_\_\_  
(name of company)
- Describe the principal duties performed by the applicant. \_\_\_\_\_
- I have personal knowledge of the applicant's soil science work.     - yes     - no.  
If no, proceed to Question #13.

