

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
 Email: dsp@wisconsin.gov
 Website: <http://dsp.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGIST, HYDROLOGIST AND SOIL SCIENTISTS APPLICANT APPRAISAL FORM

Applicant's Name:			
Credential Type:		<input type="checkbox"/> Geologist <input type="checkbox"/> Hydrologist <input type="checkbox"/> Soil Scientist	
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Application ID Number:	PAR-
<p>Note to Applicant: It is required that one (1) of the three (3) references having personal knowledge of your experience in your professional work must be licensed in Wisconsin or another state. Evaluators may also be used as a reference. Family members can act as supplemental references in support of an application, but not as one of the five (5) required responses. Type or print your name in the box at the top of each form prior to distribution. The individual providing the appraisal must upload completed form into LicensE.</p>			
<p>ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.</p>			
Applicant Signature (If unable to provide a digital signature, please print and sign form.)			Date
			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

Instructions for Individual Providing Appraisal: The applicant named above has applied for registration of his or her credential to practice 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. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

1. I know this applicant: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Slightly <input type="checkbox"/> Not at all	
2. My contacts with the applicant extend:	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. These contacts were: (check all that apply)	
<input type="checkbox"/> As an associate	<input type="checkbox"/> As a student in my classes <input type="checkbox"/> Other (specify in box below):
<input type="checkbox"/> In social or community affairs	<input type="checkbox"/> In professional societal activities
4. I am familiar with the applicant's work at: (name of company)	
5. In my opinion, the applicant's personal integrity and character is:	
6. Describe the principal duties performed by the applicant:	
7. Have you had business dealings with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide comment below.	
8. If your answer to Question 7 is no, would you willingly have such dealings? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide comment below.)	

