

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF PROFESSIONAL GEOLOGIST, HYDROLOGIST AND SOIL SCIENTISTS

APPLICANT APPRAISAL FORM

| | |
|---|---|
| Applicant's Name: | <input type="text"/> |
| Type of Credential Applying for: | <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"/> |

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. **Forms must be forwarded by you to this office with your application.**

Instructions: 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.

- 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 As a student in my classes
 In social or community affairs In professional society activities
 Other (specify)
- I am familiar with the applicant's work at:** (name of company)
- In my opinion, the applicant's personal integrity and character is:**
- Describe the principal duties performed by the applicant:**
- Have you had business dealing with the applicant?** Yes No
Comments:
- If your answer to Question #7 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:

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10. I have personal knowledge of the applicant's professional work. Yes No (If no, proceed to Question #13.)
11. Considering the need to protect the public welfare, or the safeguarding of life, health, environment or property, in my opinion this applicant would rank in professional competence and responsibility as follows:
- Qualified: Work meets professional standards adequate to render without some supervision, professional interpretations and apply professional principals to protect the public welfare or the safeguarding of life, health, environment, or property.
- Unqualified: Work not up to minimum professional standards. Requires review and/or revision by associates or supervisors before execution. Inadequate qualifications or experience to protect the public welfare or the safeguarding of life, health, environment, or property without supervision.
12. Any additional comments you wish to make? Yes No

Comments:

Comments:

Comments:

13. The information on this form is being submitted by:

Name (type or print)

Firm

Title/Position

Address (street, city, state, zip)

Daytime Telephone Number

Signature (Print and Sign Form)

Date

Affix seal or
Indicate where registered, type of profession, and
registration number below: (if applicable)