

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF PROFESSIONAL GEOLOGIST, HYDROLOGIST, AND SOIL SCIENTISTS

APPLICANT APPRAISAL FORM FOR REINSTATEMENT

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"/>

Instructions for the licensed professional completing the appraisal: The applicant named above has applied for reinstatement 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.

1. **I know this applicant:** Very Well Well Slightly Not at all

2. **My contacts with the applicant extend:** From: / / To: / /

3. **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)

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. **Provide any information or knowledge that you have of this applicant that would assist the Board in determining the applicant's competency to practice in the field.** (attach additional sheet if necessary)

8. **Describe related activities that the applicant has had, such as teaching, research, construction, or community services:**

9. **In my opinion, this applicant is qualified to be re-licensed.** Yes No

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10. 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

Date

 / /

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