

# NORTH CAROLINA BOARD FOR LICENSING OF SOIL SCIENTISTS

## Reference Form

Name and address to be completed by applicant and given to individuals who are references.

Applicant's Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

I obtained part or all of my qualifying experience under this person's direction.

This person is a character reference only.

### To the Reference:

You have been named as a reference by the applicant listed above. The Board for Licensing of Soil Scientists requests that you provide frank answers to the following questions with regard to the character of the applicant in order that the Board might better assess the applicant's qualifications as a future Licensed Soil Scientist in North Carolina. Information provided by references is confidential and strictly for the use of the Board.

Please return the completed form *promptly* in a sealed envelope to the following address:

North Carolina Board for Licensing of Soil Scientists  
PO Box 41368  
Raleigh, NC 27629

1. Please describe in detail your relationship to the applicant (Character and work experience references from parents, siblings, and spouses are prohibited).

\_\_\_\_\_  
\_\_\_\_\_

2. Number of years you have known the applicant. \_\_\_\_\_

3. Number of years and dates of qualifying experience the applicant has gained under your direction (only partial years credit should be given for part time work and/or when only part of the work for a full-time position involved soil science related work).

Years \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

4. Are you aware of anything that may make the applicant ineligible for licensing? \_\_\_\_\_ If yes, please explain on another sheet of paper.

5. How long have you known the applicant to have been engaged in soil science work? \_\_\_\_\_

6. In your professional opinion, has this applicant demonstrated competence and knowledge in the soil science profession? (For in-training status, does this applicant demonstrate qualities expected of a future professional?) \_\_\_\_\_

Please explain.

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7. Briefly summarize your opinion of the applicant's character.

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8. Would you entrust the applicant with the responsibility for an important soils project involving the welfare and safety of the public? \_\_\_\_\_

9. Would you recommend licensing of the applicant once all experience and examination requirements have been satisfactorily completed? \_\_\_\_\_

10. Other information regarding the applicant (e.g. the type of work they conducted under your supervision or as your consultant/independent contractor)

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11. Please describe your background if other than a soil scientist.

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Reference's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name (print) \_\_\_\_\_

Address: \_\_\_\_\_

**Professional Affiliation:**

Are you a licensed Soil Scientist in North Carolina? \_\_\_\_\_

If licensed in North Carolina, provide affirmation with license number and seal.

\_\_\_\_\_ (SEAL)  
(License number)

If unlicensed in North Carolina, are you eligible to be licensed? \_\_\_\_\_

If unlicensed but eligible, please provide evidence of eligibility for licensure in North Carolina.

If licensed, certified, or registered as a Soil Scientist in another state or country, give the location where licensed, certified, or registered and attach a copy of the requirements and a copy of proof for said license, certification, or registration (note- placement of seal below qualifies as proof).

\_\_\_\_\_ (SEAL)  
(License jurisdiction) (License number) (License title)