STATE OF ALABAMA

STATE BOARD OF REGISTRATION FOR PROFESSIONAL SOIL CLASSIFIER

P.O. Box 304800
Montgomery, Alabama 36130-4800

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

WHEN COMPLETING THE APPLICATION FORM, TAKE CARE TO PROVIDE ALL INFORMATION REQUESTED -- ATTACH ADDITIONAL SHEETS IF EXTRA SPACE IS NEEDED. THE BOARD WILL RETURN INCOMPLETE FORMS, WHICH WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION. **ALL APPLICATIONS, INCLUDING THE APPLICATION ITSELF, TRANSCRIPT(S), REFERENCES (TOTAL OF 5), EXAMPLES OF MAPPING, AND NON-REFUNDABLE APPLICATION FEE OF $100.00, ARE DUE TO THE ADDRESS LISTED ON THE APPLICATION FORM NO LATER THAN MAY 1ST EACH YEAR TO BE CONSIDERED FOR EXAMINATION THE 3RD TUESDAY IN JUNE.**

Use typewriter or print with ink.

Use name and address as you wish it shown on registration documentation.

Be sure to indicate the class of registration you are applying for by checking the appropriate box on Page 1.

List names and addresses of references on Page 2, and you transmit "Reference Forms" to these individuals. **PLEASE NOTE: Reference information shall be transmitted to the Board, not to you, the applicant.**

It is to your advantage that you be thorough, but brief, in listing your education and experience data requested on Pages 4 and 5. Do not forget to attach your transcript.

Your signature and the affidavit requested on Page 5 must be completed before you submit the application.

ALABAMA STATE BOARD OF REGISTRATION FOR PROFESSIONAL SOIL CLASSIFIERS

P.O. Box 304800
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APPLICATION FOR REGISTRATION AS A SOIL CLASSIFIER[1]

Name:_____ Date:_____

Permanent Address (please include zip code and telephone number):

_____

_____

Legal Residence (county & state):_____

Indicate the class of registration for which you are applying by placing a check mark before the appropriate statement.

☐ 1. Professional Soil Classifier without examination based on registration as a Soil Classifier in another state or country.

☐ 2. Professional Soil Classifier with examination

☐ 3. Temporary permit to practice soil classifying

[1]The Board reserves the right to ask for additional information or ask the applicant to appear before the board.

References:

List below the name and address of the references you are giving in support of your application. You are to contact each reference and request he or she send the enclosed reference form to the Board at the above address. Applicants for registration as Soil Classifiers should request references from three Professional Soil Classifiers (in or out-of-state) and two individuals who can give character references.

1. _____

2. _____

3. _____

4. _____

5. _____

Education:

High School(s):

Name	Location	Date of Graduation

College(s):

Name	Location	Dates	Major	Total Hours*	Degrees Conferred

Applicants are to attach hereto a certified copy of college transcript.

Courses in Soil Science: Please list below the title, course number, and hours credit for each college level course in Soil Science you have satisfactorily completed.

Title	Course No.	Credit Hours*

*Report as semester hours or equivalent.

Experience and other relevant material:

Start with present position and work backwards in chronological order. Give title of position, employer, nature of your work, degree of responsibility, and name and address of supervisor familiar with your work for all work performed.

Past employers may be contacted by the Board.

Following your employment experience, please list any other information which relates to your competence as a Soil Classifier. (Examples are reports and articles published, courses not resulting in academic credit, membership in professional organizations, etc.)

(Insert additional sheets as needed.)

Positions held:

OTHER REGISTRATION: Are you registered as a Professional Soil Classifier in another state, possession or territory of the United States? _____. If so, give name and address of registering agency, your date of registration, Certificate No., and date of expiration.

_____

Do you consider the above registration requirements comparable to those of this Board? _____.

Do you desire the above registration considered as the basis for your registration by this Board as a Soil Classifier? _____.

PLEDGE: I hereby certify that I have familiarized myself with the provisions of ACT 81-766 of 1981 of the State of Alabama which regulates the practice of Soil Classifying and do hereby subscribe to and agree to abide by the provisions therein and related rules and regulations promulgated by the Board.

_____
Signature of Applicant

AFFIDAVIT: (To be made before a Notary Public or official qualified by law to administer oaths.)

State of _____ County of _____
On this _____ day of _____, 19_____ before me personally appeared _____
known to me to be the person herein described, and signed the foregoing form of application, and on oath swears (or affirms) that all the statements herein made are true to the best of his or her knowledge or belief.

_____
Notary

_____
(to be signed by Applicant in presence of Notary)

Notary
Seal

My commission expires

_____

Alabama State Board of Registration for Professional Soil Classifiers
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_____
Applicant's Name

The following information relative to the above named applicant is submitted at the applicant's request for the Board's use in considering his or her application for registration as a Professional Soil Classifier with the understanding that it will be held in strict confidence.

1. I have known the applicant for _____ years.
2. I (am) (am not) related. Relationship _____
3. The applicant is employed by _____
4. The applicant's general reputation and character are _____
5. My business connection with the applicant _____
6. I (would) (would not) employ the applicant in a position of trust because _____
7. I (do) (do not) believe that this applicant should be investigated further.
8. I believe the applicant's technical ability to be (poor) (average) (good).
9. I (would) (would not) employ the applicant on a project where his decisions would be final.
10. The following is my evaluation of the applicant's ability as a Professional Soil Classifier: _____
_____

My business profession is_____

I (am) (am not) a registered Professional Soil Classifier.

State or National Certification_____

Certificate Number _____

I am associated with _____

My title is _____

Date:_____ _____
Please type or print name

Place:_____ _____
Written Signature