

North Carolina Board for Licensing of Geologists

P.O. Box 41225 • Raleigh, NC 27629-1225 • Phone: (919) 850-9669 Email: contact@ncblg.org • www.ncblg.org

PROFESSIONAL REFERENCE FORM To be completed by applicant

	Applicant's Full Name:							
	I waive my right to inspect the contents of this document.							
	Signature:		Date:	-				
to be Gendem Thes This the c *Note: I geologis	ecome licensed as a geological Statutes. As part of the constrate the character, region reference forms must be form has been supplied to complete form directly to the rules of the Board	begist in North Carolina under the licensing process, the Boa putation, responsibility, integ be submitted by licensed geod to you by the applicant, how to the Board. The information	olina Board for Licensing of Ger the provisions of Chapter 89E and requires professional refere grity and competence of the applogists or licensed engineers. ever, you are requested to mail in will be treated as strictly confident of the series of the s	E of the nces to plicant. or email fidential.				
1. Your	profession:							
2. Years	of experience:							
3. Speci	alty (if any):							
	e list below all profession e in which each license is		currently hold. Include the lice	ense number				
5. How	long have you known the	e applicant?						

a. Personally:

b. Professionally:

6. What has b	een your professional relat	ionship with	the applicar	nt?					
☐ En	nployer	Supervisor							
☐ Coworker		☐ Other:							
7. Please indi	cate your appraisal of the a	pplicant in th	e categories	s listed below	V.				
		Excellent	Good	Poor	Unknown				
	Technical Competence								
	Professional Integrity								
	Professional Reputation								
	Personal Integrity								
misconduct? Ye 9. Would you	ow of any instances where s	YES, explain	below or or	n a separate s	sheet. project involv	ving the life,			
Yes No If NO, explain below or on a separate sheet. 10. Additional information and comments, which would amplify or clarify the items above and thus assist the Board in evaluating the applicant's experience and qualifications are strongly requested. Attach additional sheets if desired.									
	tle:								
	SS:					Seal			
* If you are a lice:	nsed professional, please affix your	seal in the space p	provided0Gngevt	qpke"ugcnu"ctg"cee	egr vgf ()				