

**STATE OF ARKANSAS BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS**

**900 W. Capitol, Suite 400**

**Little Rock, Arkansas 72201**

**(501) 683-0150**

**FORM FOR PROFESSIONAL REFERENCE**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address

To be filled in by applicant

-----  
To be filled in by respondent

Act 701 of 1987 requires that an applicant for registration as a professional geologist in Arkansas have experience in professional geological work. Your name has been submitted by the applicant listed above as one who can attest to his/her experience and background. Please return this form directly to the Arkansas Board of Registration address above.

1. State your profession \_\_\_\_\_ years of experience \_\_\_\_\_, and any specialty \_\_\_\_\_.
2. How long have you known the applicant professionally? \_\_\_\_\_
3. Your relationship with the applicant has been that of:  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_ Other \_\_\_\_\_
4. If you needed someone with the applicant's particular skills, you would \_\_\_\_\_ would not \_\_\_\_\_ utilize his/her services.
5. Please rate:

<u>Quality of Professional work</u>	<u>Excellent</u>	<u>Good</u>	<u>Poor</u>	<u>Unknown</u>
A. Use of technical knowledge	_____	_____	_____	_____
B. Soundness of judgment	_____	_____	_____	_____
C. Professional attitude	_____	_____	_____	_____
D. Professional reputation	_____	_____	_____	_____

I am familiar with the applicant's work from \_\_\_\_\_(date) to \_\_\_\_\_(date).

On the reverse side, please describe in detail the quality and type of work experience of this applicant. (Add more pages if necessary)

\_\_\_\_\_  
Name / Title

\_\_\_\_\_  
State(s) of Registration

\_\_\_\_\_  
Address

\_\_\_\_\_  
Geologic Registration No(s).

\_\_\_\_\_  
City State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF ARKANSAS BOARD OF REGISTRATION FOR PROFESSIONAL  
GEOLOGISTS**

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FORM FOR PERSONAL REFERENCE**

Your name has been listed by \_\_\_\_\_ as one who can attest to his/her personal character and ethical practices. A statement from you would be much appreciated by the Arkansas State Board of Registration for Professional Geologists.

Please send your response directly to the Board and indicate your relationship to the applicant, i.e. business associate, friend, banker, etc. We are particularly interested in the personal and ethical character demonstrated by the applicant.

RELATIONSHIP: \_\_\_\_\_

Do you have knowledge of the personal and ethical reputation of the above named person in his/her community? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is his/her reputation? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Bad \_\_\_\_\_

Do you personally agree with that reputation? Yes \_\_\_\_\_ No \_\_\_\_\_ (If not, please explain.)

Any additional comment you wish to make: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone