# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112
LicensE Portal: https://license.wi.gov/
Email: dsps@wisconsin.gov
Website: http://dsps.wi.gov

## EXAMINING BOARD OF PROFESSIONAL GEOLOGIST, HYDROLOGIST AND SOIL SCIENTISTS

APPLICANT APPRAISAL FORM

| | | | | |
|---|---|---|---|---|
| **Applicant's Name:** | | | | |
| **Credential Type:** | ☐ Geologist ☐ Hydrologist ☐ Soil Scientist | | | |
| **Date of Birth:** | __/__/____ | **Application ID Number:** | **PAR-** | |

**Note to Applicant:** It is required that one (1) of the three (3) references having personal knowledge of your experience in your professional work must be licensed in Wisconsin or another state. Evaluators may also be used as a reference. Family members can act as supplemental references in support of an application, but not as one of the five (5) required responses. Type or print your name in the box at the top of each form prior to distribution. The individual providing the appraisal must upload completed form into LicensE.

**ATTESTATION OF APPLICANT:** I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.

| **Applicant Signature** (If unable to provide a digital signature, please print and sign form.) | **Date** |
|---|---|
| | __/__/____ |

**Instructions for Individual Providing Appraisal:** The applicant named above has applied for registration 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. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

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 | ☐ Other (specify in box below): |
| ☐ In social or community affairs | ☐ In professional societal activities | |

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. **Have you had business dealings with the applicant?** ☐ Yes ☐ No **If YES, provide comment below.**

8. **If your answer to Question 7 is no, would you willingly have such dealings?** ☐ Yes ☐ No **(Provide comment below.)**

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9. **Are you aware of any business or professional activities by the applicant that you would consider to be questionable or unethical?** ☐ Yes ☐ No **If YES, explain below.**

10. **I have personal knowledge of the applicant's professional work.** ☐ Yes ☐ No **If NO, proceed to Question 13.**

11. **Considering the need to protect the public welfare, or the safeguarding of life, health, environment, or property, in my opinion, this applicant would rank in professional competence and responsibility as follows:**

☐ Qualified: Work meets professional standards adequate to render without some supervision, professional interpretations, and apply professional principals to protect the public welfare or the safeguarding of life, health, environment, or property.

☐ Unqualified: Work not up to minimum professional standards. Requires review and/or revision by associates or supervisors before execution. Inadequate qualifications or experience to protect the public welfare or the safeguarding of life, health, environment, or property without supervision.

12. **Any additional comments you wish to make?** ☐ Yes ☐ No

**ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT** I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

13. **The information on this form is being submitted by:**

**Name**

**Firm**

**Title/Position**

**Address** (street, city, state, zip code)

**Daytime Telephone Number**

___ - ___ - ____

**Signature** (If unable to provide a digital signature print and sign form.)

**Date**

__ / __ / ____

**Affix seal or**

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



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