

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGIST, HYDROLOGIST, AND SOIL SCIENTISTS

APPLICANT APPRAISAL FORM FOR LATE RENEWAL

(Late Renewal for Credentials After More Than 5 Years of Expiration)

Applicant's Name:

Type of Credential Applying for:

☐ Geologist ☐ Hydrologist ☐ Soil Scientist

Date of Birth:

 / /

Instructions for the licensed professional completing the appraisal: The applicant named above has applied for reinstatement 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.

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
☐ In social or community affairs ☐ In professional society activities
☐ Other (specify)

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. **Provide any information or knowledge that you have of this applicant that would assist the Board in determining the applicant's competency to practice in the field.** (attach additional sheet if necessary)

8. **Describe related activities that the applicant has had, such as teaching, research, construction, or community services:**

9. **In my opinion, this applicant is qualified to be re-licensed.** ☐ Yes ☐ No

Wisconsin Department of Safety and Professional Services

10. The information on this form is being submitted by:

Name (type or print)

Firm

Title/Position

Address (street, city, state, zip)

Daytime Telephone Number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

Signature (Print and Sign Form)

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

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