

**BOARD OF NATURAL SCIENTISTS
SOIL OR WETLAND SCIENTIST ADDENDUM TO THE UNIVERSAL APPLICATION FOR INITIAL LICENSURE**

In addition to the information provided on the "Universal Application for Initial Licensure" list for each of the states if you were licensed by reciprocity or by examination:

Were you licensed by Reciprocity	Were you certified by examination?

List Membership in Professional or Scientific Associations:

Name of Organization	Location	Grade or Membership	Date

List home study and on-line school courses related to soil or wetland science, if applicable:

COURSE TITLE	COURSE DATES		EDUCATIONAL INSTITUTION	SEMESTER HOURS AWARDED
	TO	FROM		

List 5 references, not related, 2 references of the references being soil or wetland scientists, having personal knowledge of the applicant's experience.

Name	Address including zip code	Phone #	Occupation	Business Relationship to Applicant

The information described below is a summary of your employment, start with your first employer. Use this page as a summary for the information you place on the supplemental experience record below.

Key	Date(s)		Name and present address of someone familiar with each position. This person shall be a supervisor or an individual who is familiar with the applicants work at the place of employment.
Number used in Supplemental Experience Record	From/To	<ol style="list-style-type: none"> 1. Name of Employer- Title of Position 2. Location and Character of Each Position 3. Degree of Responsibility 	

Detailed Supplementary of Experience

- ✓ Number each project or assignment consecutively. The number you assign to each project shall be the number you use in the key section of the summary of employment above.
- ✓ **List and identify** your projects or assignments in chronological order, starting with your **first soil scientist projects or assignments**. Be specific in identifying the portion of the work you personally did . Identify the project by job title, name of client, location of project, total cost, and cost of the portion you did.

Signature _____ Date _____
(ALSO SIGN AND DATE EACH ADDITIONAL SHEET)

Soil Map Plans
(Soil Applicants Only)

List the 6 soil maps attached that comply with Soil 302.04 attached to this application:

Plan ID	Date	Standard	Agency	Owners Name and Address
1.				
2.				
3.				
4				
5.				
6.				

Wetland Delineation Plans
(Wetland Applicants Only)

List the 6 soil maps attached that comply with Soil 302.04(b) attached to this application:

Plan ID	Date	Standard	Agency	Owners Name and Address	Classification of the Wetland Delineated
1.					
2.					
3.					
4					
5.					
6.					