



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

Professional Reference Form

Re: Application of _____

(NAME IS REQUIRED)

1. What is your full name _____

(NAME IS REQUIRED)

2. What is your present business or profession? _____

3. Are you a Certified or Practicing Soil Scientist _____

If yes, in what State?

Yes No

3. Are you a Certified or Practicing Wetland Scientist _____

If yes, in what State?

Yes No

4. How long have you known the applicant? _____

5. Are you in any way related to the applicant? Yes No If yes, how? _____

6. What has been your business connection with the applicant? _____

8. To the best of your knowledge, how many years of experience does the applicant have within the field?: _____

9. Would you employ the applicant in a position of trust? Yes No If no, please specify: _____

10. If the applicant is connected with a firm, provide its name and address, and position of the applicant _____

11. Is the applicant qualified to be placed in responsible charge? Yes No If no, please specify: _____

12. If the applicant is in individual practice, indicate the nature of such practice _____

13. Do you recommend the applicant for certification as a Wetland Scientist? Yes No If no, please specify: _____

14. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire Board of Natural Scientist.

Date _____

Signature: _____