Professional Soil Classifiers Application Packet

When completing this application, please provide all the information requested. Attach additional pages, if necessary. Incomplete applications will be returned to the applicant.

Use the name and address shown on the registration document.

Be sure to indicate the type of registration you are applying for in the appropriate box on page 1.

Please transmit Reference Form, pages 2 and 3 to all referees for their use.

Be thorough, but brief in listing your education and experience on pages 4 and 5. Do not forget to attach your transcript(s).

Check List

_____ **Application**

_____ **References**

        Professional Soil Classifiers – 3 Professional Soil Classifiers, 2 Character

        Soil Classifiers-in-Training – 3 Character

_____ **Transcript(s)**

_____ **Education**

_____ **Experience**

_____ **$20 Application Fee – Payable to Professional Soil Classifiers**

Please send the completed application and application fee to:

Arkansas Department of Agriculture
Attn: Mary Elizabeth Lea
Professional Soil Classifiers
1 Natural Resources Drive
Little Rock, AR 72205

If you have any questions about Professional Soil Classifiers, please contact:

Mary Elizabeth Lea
(501)682-3953 Office | (501)529-2789 Work Cell | mary.lea@arkansas.gov

ARKANSAS DEPARTMENT OF AGRICULTURE

Professional Soil Classifier or Soil Classifier -in -Training Application
Please Write Legibly.

Use the name and address shown on the registration document.

Date: _____ Applicant name: _____

_____
Mailing Address   City   State   Zip

_____ _____
Phone   Email

Legal Residence: _____
County & State

Were you a legal resident of Arkansas immediately preceding the date of this application? Mark the appropriate choice. _____ Yes _____ No

Place of Birth: _____ Date of Birth: _____

Social Security Number: _____

Are you a U.S. veteran? _____ If so, which service? _____

Are you a current military spouse or spouse of a US veteran? _____

Indicate the type of registration:

_____ Professional Soil Classifier without examination
        Based on registration as a Soil Classifier in another state, or ARCPACS, etc.
_____ Professional Soil Classifier with examination
_____ Soil Classifier-In-Training
_____ Both Soil Classifier-In-Training and Professional Soil Classifier with examination
_____ Temporary permit to practice

I am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that all statements made by me herein are true and correct.

_____   _____
Signature   Date

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References for Professional Sil Classifier or Soil Classifier-in-Training

The following information relative to the named applicant is submitted at the applicant's request for the Arkansas Department of Agriculture's use in considering their application for registration as a Professional Soil Classifier or Soil Classifier-in-Training with the understanding that it will be held in strict confidence.

Character references or references for Soil Classifier-in-Training, please omit questions numbers 8, 9, and 10.

Applicant name: _____

1. I have known the applicant for _____ years.

2. Relationship to applicant? _____

3. The applicant is employed by _____

4. The applicant's general reputation and character are _____

5. My business connection with the applicant is _____

6. I _____ (would) _____ (would not) employ the applicant in a position of trust because
_____
_____
_____

7. I _____ (do) _____ (do not) believe that this applicant should be investigated further.

8. I believe the applicant's technical ability to be _____ poor _____ average _____ good.

9. I _____ (would) _____ (would not) employ the applicant on a project where his decisions would be final.

10. The following is my evaluation of the applicant's ability as a Professional Soil Classifier: (Evaluation may be included on an additional page.)

_____
_____
_____
_____
_____
_____
_____
_____

Information on referee

Referee name: _____

Referee business or profession: _____ Job Title: _____

Referee is associated with _____

I _____ (am) _____ (am not) a registered Professional Soil Classifier.

_____ _____
Signature   Date

Send to:

By Mail:

Arkansas Department of Agriculture
Attn: Mary Elizabeth Lea
Professional Soil Classifier
1 Natural Resources Drive
Little Rock, AR 72205

By Email (Preferred)

Mary Elizabeth Lea
mary.lea@arkansas.gov

ARKANSAS DEPARTMENT OF AGRICULTURE

Education

Attach additional pages, if necessary.

High School(s)

Name	Location	Date of Graduation

College(s) – Attach a certified copy of college transcript(s) to the applicant.

Name	Location	Dates	Major	Total Hours	Degrees Conferred

Courses in Soil Science: Please list below the title, course number and hours credit for each college level course in Soil Science you have satisfactory completion.

Title	Course Number	Credit Hours*

*Report as semester hours or equivalent.

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Experience and Other Relevant Material
Attach additional pages, if necessary.

Start with present and work backwards in chronological order. Give title of position, employer, nature of your work, degree of responsibility, and name and address of supervisor familiar with all work performed. Past employers may be contacted.

Following your employment experience please list any other information which relates to your competence as a Soil Classifier. Examples are reports and articles published, courses not resulting in academic credit, memberships in professional organizations, etc.