

BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS 2535 Capitol Oaks Drive, Suite 300, Sacramento, CA 95833-2944 Telephone (916) 999-3600 - Toll Free: 1-866-780-5370 www.bpelsg.ca.gov



GEOTECHNICAL ENGINEER ENGAGEMENT RECORD AND REFERENCE FORM

This form must be submitted for each engagement claimed as qualifying experience. "SEE ATTACHED" and résumés are **not** acceptable in lieu of this form. Part A of this form must be typed and completed by the applicant. Part B of the form can be handwritten, and must be completed by the reference, not the applicant.

PART A – MUST BE TYPED AND COMPLETED BY THE APPLICANT

I, the Applicant, hereby demonstrate my qualifying experience as required by the Business and Professions Code and the California Code of Regulations, as detailed below.

1. NAME: Last			First			Middle	
2. Street Address			City		State	Zip Code	Country
3. California Civil Engineer License Number:			. Phone Number with A	rea Code and Exte			
			aytime:		Evening:		
Engagement			TOTAL TIME WORKED Company Name: (FOR THIS ENGAGEMENT)				
Number	DATES (MM\DD\YYYY)		S ENGAGEMENT)	Address:			
			Applicant's Title:				
		QUALIFYI	ING EXPERIENCE	Reference's Name:			
From: (*S			E NOTE BELOW)				
Tai			Reference's F		Phone Number and Email Address:		
	То:		months				
	r relationship with the person y	ou have chose	en as your reference for	this engagement	. Review Title	16, California Co	de of Regulations
	20 for reference requirements.						
Super		Client		ate relationship)			
	OF ENGAGEMENT: You muble. Each additional sheet					-	ets. "See attached" is the projects worked on,
	ned, technical decisions made,						
Indicate the s	significance of your experience	in this engagem	nent, and the percent of	your time spent, fo	r each of the fo	ollowing areas: (us	e R for Responsible
Charge, W fo	or Working Knowledge, N for No	Exposure) (a)	Program Development	/%; (b)	Field and Lab	Studies/	_%;
	%; (d) Site Monitoria of Geotechnical Engineering T	-		aration/	%.		
Projects (in	clude project name, location [c	ity/state/countr	ry], and Type):				
* Qualifying ex	xperience claimed for this enga	gement include	s only professional leve	el engineering work	. It does not a	overlap with credit	claimed for the applicant's
civil engineerir Qualifying experience me	In a license or for education. It defines the series of for education. It defines that the to easily series that the to easily be the series of the series o	oes not include tal number of n ing employment	e overtime, training, orier months worked. It is co	ntation, non-engined mputed by Total N	ering work, stu Ionths Worked	dent summer work I less Non-Qualifyi	or non-professional work. ng Experience. Qualifying
Applicant's S (Wet Signatu	Signature re Required):					Date:	
I, the Referen	nce, confirm that I have review	ved the inform	ation contained on Pa	rt A of this form.			
Reference's S	Signature					Data	

Applicant's Name:	
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(Last)

(First)

(Middle)

PART B – TO BE COMPLETED BY THE REFERENCE

PRINT CLEARLY AND COMPLETE THE ENTIRE FORM. INCOMPELTE FORMS MAY DEEM THE APPLICANT INELIGIBLE.

You may request additional experience information from the applicant. You must **personally** read and sign Part A of this form, and complete, sign, seal/stamp, and return both Part A and Part B of this form to the applicant in a sealed envelope.

•	My relationsh (Check all that	ip with the Applicant has be t <i>apply)</i>	een/is:	Employer/S Co-Worker	-	Reviewed Work Other:	
	Are you relate	d to this Applicant by blood	l, marriago	e, or adoption?	If YES, explai □ YES	n in the REMARKS section b	below.
5.		mation presented by the a in the REMARKS section be	-	n Part A of this	form accurate	ely reflect the applicant's ex	xperienc
ι.		that the applicant performe eriod claimed? <i>If NO, expla</i>				work, while in responsible \Box NO	charge,
	What is the da work?	ate that you last observed t	he applica	nt, directly or ir	ndirectly, per	orming geotechnical engin	eering
	WOIK:	Date:	Method c	of observation:			
7.	-	ntinue on additional sheets					
	-	nal knowledge, I verify t experience in the following		• •		OUR PROFESSIONAL SEAL C HERE:	DR
		Quality of Work					
		Technical Knowledge					
		Judgment					
		Responsible Charge Ability					
I	Name:			CE Lio	cense Numbe	r(s) and State(s):	
-						(s):	
	Email Address:	(c)·		GE Li	cense Numbe	r:	
Phone Number(s):				GE Licensure Date:			

I certify under penalty of perjury that I have personal knowledge of the applicants work and that the foregoing statements are true and correct to the best of my knowledge.

Reference's Signature	
(Wet Signature Required):	_ Date: