



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS AND GEOLOGISTS
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 www.bpelsg.ca.gov



Independent Evaluation of Scope, Character and Duration of Applicant's Qualifying Geological or Geophysical Work Experience

Examination applying for: Professional Geologist Professional Geophysicist
 Certified Engineering Geologist Certified Hydrogeologist

Applicant Information:

(This section is to be completed by the applicant.)

Applicant

Name: _____

Address: _____

Telephone No.: _____

E-mail Address: _____

Note to Applicant: The Independent Evaluation of Scope form that is submitted to the Board must be the original copy with an original "wet signature" from your reference provider. Photocopies/scanned copies and electronic signatures are not acceptable.

Professional Reference:

(This section is to be completed by the professional attesting to the scope, character and duration of qualifying geological or geophysical experience of the individual named above.)

You have been identified as an individual familiar with the qualifying geological or geophysical work in a *responsible position* of the above-named applicant who is seeking examination by the Board. The Board is interested in determining if the above named applicant has the appropriate *qualifying experience* for admittance into the examination. Please return this completed form to the applicant, by the date requested by the applicant.

I understand and affirm either (check appropriate box):

I have personal knowledge of the above-listed applicant's *qualifying experience* in a *responsible position* as declared herein.

-OR-

I decline to certify a scope, character or duration for the above-listed applicant.

a. I have known the applicant professionally from: _____ to _____ .
 (MM/DD/YYYY) (MM/DD/YYYY)

The number of months that I can qualify the applicant having completed work related to geology or geophysics in a "responsible position" is: _____ Months _____

b. My relationship with this applicant has been that of:

Responsible Charge Employer, Administrative Supervisor (e.g. Non-responsible charge)

Peer Regulator

- c. Are you related to this applicant by blood, marriage or adoption? Yes, explain No
- d. The applicant was compensated (check appropriate box): Full Time Part Time

Definitions of “qualifying geological work” and “responsible position” that pertain to the application can be found in the copy of the “Definitions of Critical Concepts”; if a copy was not supplied to you by the applicant, it can be found online at www.bpelsq.ca.gov.

e. Please describe in detail the qualifying “*responsible position*” work performed by the applicant. Please describe the applicant’s geological or geophysical work, including specific projects, and the quality of the geological or geophysical work. Attach additional sheets as you deem necessary to provide a full and accurate professional opinion in accordance with the Code of Professional Standards of the Board (CCR, Title 16, Division 29 §3065) that fairly and accurately represents the applicant’s qualifying experience as indicated above.

Reference Provider Background

I am a professional: Geologist Geophysicist Engineering Geologist
 Hydrogeologist Civil Engineer Other: _____

License No.: _____ State: _____ Date of Original Licensure: _____
(MM/DD/YYYY)

I declare under penalty of perjury under the laws of the State of California that any information provided on this form and attached sheets are true and correct, and that I have adhered to and agree to abide by the professional standards of Business and Professions Code §7872 and California Code of Regulations, Title 16, Division 29, §3065 (Board Code of Professional Standards). I further understand that I am subject to disciplinary action if any portion of this form is found to be inaccurate, false, misleading, or ambiguous.

Signature: _____ Date: _____
Wet Signature Required (MM/DD/YYYY)

Name (typed or printed): _____

Present Employer: _____ Position: _____

Address: _____

Day Time Telephone No.: _____

E-mail Address: _____

Professional Seal or Stamp Impression(s):

In the following situations reference providers must submit their Résumé or C.V. along with this completed form in order to verify their ability to provide a reference:

- **PG Applications:** A reference provider that is **not** a licensed PG, PGp or a Civil PE in California or another state;
- **CEG Applications:** A reference provider that is **not** a CEG or a Civil PE in California or another state;
- **CHG Applications:** A reference provider that is **not** a CHG; or
- **PGp Applications:** A reference provider that is **not** a PGp.

All reference providers are required to submit their completed “Independent Evaluation of Scope, Character and Duration of Applicant’s Qualifying Geological Work Experience” form directly to the applicant. Please be advised that an original “wet signature” is required on this form. Photocopies/scanned copies and electronic signatures are not acceptable.

Upon receipt, this “Independent Evaluation of Scope, Character and Duration of Applicant’s Qualifying Geologic Work Experience” form becomes the property of the Board.