# ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS

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## FORM FOR PERSONAL REFERENCE

NAME AND ADDRESS OF APPLICANT		
I WAIVE MY RIGHT TO	INSPECT THE CONTENTS OF THIS DOCUMENT	
SIGNATURE	DATE	

### TO BE COMPLETED BY THE APPLICANT

### TO BE COMPLETED BY RESPONDENT

The above named applicant has applied for licensing as a geologist in Alabama under the provisions of Title 34, Chapter 31 of the Alabama Code, 1975. The Alabama Board of Licensure for Professional Geologists requires as part of the licensing process, personal references are required to satisfy the Board as to the character, reputation, responsibility, integrity and competence of the applicant. These references must be submitted by a personal acquaintance or professional colleague who has known the applicant for at least 5 years immediately prior to submittal of this application on for licensure on the reference forms provided. **PLEASE TYPE OR PRINT NEATLY**.

This form will be supplied to you by the applicant. However, you are requested to mail the completed form directly to the Board. Information will be treated by the Board as strictly confidential. Your candid appraisal of the applicant's personal character is appreciated.

1. Your name:	
2. Your address:	
Telephone No.	
3. How long have yo a. Personally b. Professiona	

This form maybe reproduced as required.

4. What has been your personal relationship with the applicant?

[] Employer	[ ] Supervisor
[ ] Co-worker	[ ] Other
[ ] Friend	[ ] Relative

5. Please indicate your appraisal of the applicant in the following categories;

	Excellent	Good	Poor	Unknown
<ul><li>a. Personal Honesty</li><li>b. Personal Integrity</li></ul>	[]	[]	[]	[]

- 6. Do you know of any instances where the applicant was convicted of illegal conduct or misconduct?
  - [] Yes [] No If "yes", please explain on separate sheet
- 7. Additional information and comments which would amplify or clarify the items above and thus assist the Board in evaluating the applicant's personal qualifications are strongly requested. Attach additional pages if required.

Your signature:\_\_\_\_\_

Date: \_\_\_\_\_

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