## THE WYOMING BOARD OF PROFESSIONAL GEOLOGISTS PROFESSIONAL REFERENCE FORM

Al	PPLICANT'S NAME:			(To be filled in by Applicant)	
Ac	ldress: PO Box/Street and	Number			
				( )	
	City/State		Zip Code	Phone	
		(▼ To be fille	ed in by the Respond	ent ▼)	
JAM	E OF RESPONDENT: _				
pplio wn p	cant who is applying for libersonal, first-hand knowl	censure as a PROFESSION cedge of the applicant, place	ONAL GEOLOGIST i	ncy, character, and repute of the above name in the STATE OF WYOMING. Based upon you ying the information requested below. <i>Your repu</i> of this form, please mail (do not fax) it to:	
	•		OF PROFESSIONAL South Third Street nie, WY 82070-3628	GEOLOGISTS	
•	I am personally familiar with the applicant's geological work from				
	My relationship with the applicant has been as the applicant's:				
	[ ] Employer	[ ] Client	[ ] Other	(describe)	
	[ ] Supervisor	[ ] Co-worker	<del></del>		
	[ ] Supervisor	[ ] Co-worker			
	My current relationship	o to the applicant is:			
	Do you have knowledge of the applicant's reputation in the practice of the profession of geology? [] Yes [] No (If you answer "No", you should advise the applicant that you cannot complete this form and that another profession reference should be sought.)				
	If you answered "yes" to Question 4, what is his or her reputation?				
j.	If you answered Question 5, do you personally agree with that reputation? [ ] Yes [ ] No (please explain)				
•	Do you believe the app	olicant is competent to b	e placed in responsible	e charge of geologic work?	

Profe	MING BOARD OF PROFESSIONAL GEOLOGIS ssional Reference cant's Name:	STS Page Tv			
8.	Have you had outside business dealings with the app	plicant? [] Yes [] No			
9.	If you answered "no" to Question 8, would you will	ou answered "no" to Question 8, would you willingly have such dealings? [ ] Yes [ ] No (please explain)			
10.	Are you aware of any business or professional activities by the applicant that you would consider to be questionable [ ] Yes (please explain) [ ] No				
11.	To the best of your knowledge is the applicant honest and trustworthy? [ ] Yes [ ] No (please explain)				
12.	Are you willing to provide further information to the Board if requested? [ ] Yes [ ] No Remarks:				
13.	Any additional comments you wish to make:				
Data	Down and antic Cionatura				
	d Name:	Geologist License or Registration Numbers (if applicable):			
Positi	on:				
Addre	ess:(Company or agency name if applicable)	Telephone Number: ( )			
	PO Box/Street and Number	IMPORTANT: Please list College(s), Major(Degree(s), and Date(s) granted:			

REFERENCE VERIFIED: (Board Use Only)

Zip Code

City/State