**Application for Registration for Professional Soil Classifier Date:**

**Name:**

**Address:**

**Telephone:**

**FAX:**

**E-mail:**

**Are you a Military Spouse?** [A spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in this state in accordance with military orders or stationed in this state before a temporary assignment to duties outside of this state] **Yes or No**

**References:** (3 names, addresses, telephone no. & e-mail address) One (1) of the references must be registered soil classifiers in the state of North Dakota. A letter of reference from each individual listed is required to be sent directly to the Board of Registration. Ask your references to discuss their knowledge of your ability, training, experience, and education as it relates to soil science and soil classification.

1.

2.

3.

**Application continued:**

**Education:** In reverse chronological order list the colleges or universities attended. Provide time period attended and date of graduation and degree, if applicable provide name of graduate advisor. An official transcript from each institution listed is required to be set to the Board of Registration.

1.

2.

3.

4.

5.

6.

**Registration or certification:** In reverse chronological order provide information on other certification or registration with other organizations related to soil science or soil classification. Provide name of organization and a contact, year of certification, method of certification and if it included testing.

1.

2.

3.

**Application continued:**

**Experience:** In reverse chronological order provide information on practical, teaching, and research experience related to soil science or soil classification. Include name of employing organization, address, telephone no., email, supervisor’s name and dates of activity. Briefly describe duties, responsibilities, and accomplishments. Use the form provided below for each separate activity.

**Experience form:**

**Beginning and ending date**:

**Employer information:**

**Activity description:**

**Experience form:**

**Beginning and ending date**:

**Employer information:**

**Activity description:**

**Experience form:**

**Beginning and ending date**:

**Employer information:**

**Activity description:**