

**ARKANSAS STATE BOARD OF REGISTRATION FOR
PROFESSIONAL SOIL CLASSIFIERS
675 FLAT ROCK ROAD
BOONEVILLE, ARKANSAS 72927-8353**

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

WHEN COMPLETING THE APPLICATION FORM, TAKE CARE TO PROVIDE ALL INFORMATION REQUESTED. ATTACH ADDITIONAL SHEETS IF EXTRA SPACE IS NEEDED. THE BOARD WILL RETURN INCOMPLETE FORMS, WHICH WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.

Use name and address as you wish it shown on registration document.

Be sure to indicate the class of registration you are applying for by checking the appropriate box on page 1.

List names and addresses of references on page 2, and you transmit "Reference Forms " to these individuals. PLEASE NOTE. Reference information should be transmitted to the Board, not to you, the applicant.

It is your advantage that you are thorough, but brief, in listing your education and experience requested on pages 3 and 4. Do not forget to attach your transcript.

Your signature and the AFFIDAVIT requested on page 5 must be completed before you submit the application.

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**APPLICATION FOR REGISTRATION AS A PROFESSIONAL SOIL CLASSIFIER
OR SOIL CLASSIFIER-IN-TRAINING**

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Legal Residence (County & State): _____

Were you a legal resident of Arkansas immediately preceding the date of this application?

Yes No (mark the appropriate choice)

Place of Birth: _____ Date: _____

Social Security Number: _____

Indicate the class of registration for which you are applying by placing a check-mark before the appropriate statement:

1. Professional Soil Classifier without examination
 Based on "grandfather clause" (Sec. 6A)
 Based on registration as a Soil Classifier in another state, etc. (Sec.6B)
2. Professional Soil Classifier with examination
3. Soil Classifier-in-Training
4. Both Soil classifier-in-Training and Professional Soil Classifier with examination
5. Temporary permit to practice soil classifying

REFERENCES:

List below the name and address of the references you are giving in support of your application. You are to contact each reference and request he or she send the enclosed reference form to the Board at the above address. Applicants for registration as a Professional Soil Classifier should request references from three Professional Soil Classifiers and two individuals who can give character references. Applicants for Soil Classifier-in-Training need only three character references.

1.

2.

3.

4.

5.

EDUCATION:

High School(s):

Name	Location	Date of Graduation

College(s): Attach a certified copy of college transcript(s) to the application.

Name	Location	Dates	Major	Total Hours	Degrees Conferred

Courses in Soil Science: Please list below the title, course number and hours credit for each college level course in Soil Science you have satisfactorily completed.

Title	Course Number	Credit Hours*

*Report as semester hours or equivalent.

EXPERIENCE AND OTHER RELEVANT MATERIAL:

Start with present position and work backwards in chronological order. Give title of position, employer, nature of your work, degree of responsibility, and name and address of supervisor familiar with all work performed. Past employers may be contacted by the Board. (Insert additional sheets as needed.)

Following your employment experience please list any other information which relates to your competence as a Soil Classifier. Examples are reports and articles published, courses not resulting in academic credit, memberships in professional organizations, etc. (Insert additional sheets as needed.)

Position(s) held:

OTHER REGISTRATIONS: Are you registered as a Professional Soil Classifier in another state, possession or territory of the United States? _____. If so, give name and address of registering agency, your date of registration, certificate number, and date of expiration.

Do you consider the above registration requirements comparable to those of this Board?
_____ Do you desire the above registration considered as the basis for your registration by this Board as a Professional Soil Classifier (Sec. 6B)? _____.

PLEDGE. I hereby certify that I have familiarized myself with the provisions of ACT 460 of 1975 of the State of Arkansas which regulates the practice of Soil Classifying and do hereby subscribe to and agree to abide by the provisions therein and related rules and regulations promulgated by the Board.

Signature of Applicant

AFFIDAVIT: (To be made before a Notary Republic or official qualified to administer oaths.)

State of _____ County of _____
On this _____ day of _____, 20____ before me
personally appeared _____.

Known to me to be the person herein described, and signed the foregoing form of application, an don oath swears (or affirms) that all the statements herein made are true to the best of his or her knowledge or belief.

Notary

Notary
Seal

(To be signed by applicant in presence of Notary.)

My commission expires:
