South Carolina Department of Labor, Licensing and Regulation
South Carolina Soil Classifiers Advisory Council
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P.O. Box 11419 • Columbia • SC 29211-1419
Phone: 803-896-4580 • Contact.Soil@llr.sc.gov • Fax: 803-896-9651
llr.sc.gov/soil

Confidential Reference Verification

Applicant Complete This Section:

Name: _____

Address: _____ City: _____ State:_____ Zip: _____

The above applicant has submitted an application for registration to practice Soil Classification in the State of South Carolina and has submitted your name as a reference. The Soil Classifiers Law regulates the practice of Soil Classification in the State of South Carolina. Please give complete and accurate answers to the following questions. The second page of this form can be used for additional information and/or comments.

Reference Information

Name:_____ Title: _____

Business Name: _____

Address: _____City:_____State: _____ Zip: _____

Are you a legally licensed or registered Soil Classifier or Soil Scientist? ☐ Yes ☐ No

If yes, State: _____ Registration #: _____

Applicants Personal Experience

1. How long have you known the applicant? _____
2. Was the applicant ever under your direct or indirect supervision? From: _____ To: _____
   Month/Year Month/Year
3. Did the applicant ever perform Soil Classifying services for you? ☐ Yes ☐ No
   **If yes, please explain in a brief description the service the applicant provided under your supervision on the reverse side of this form.*
4. Please rate your applicant on their ability to successfully complete their work ethics below:

	Excellent	Satisfactory	Unsatisfactory
a. Technical Knowledge	☐	☐	☐
b. Professional Experience	☐	☐	☐
c. Reputation in the Profession	☐	☐	☐

5. Do you know of anything that, in your opinion, that might preclude this applicant from being a competent Soil Classifier? ☐ Yes ☐ No

   If yes, please explain: _____

   _____

   _____

Signed: _____ Date: _____