

# South Carolina Department of Labor, Licensing and Regulation Board of Registration for Geologists

110 Centerview Drive  
Post Office Box 11329  
Columbia, South Carolina 29211-1329  
Phone: (803) 896-4800 FAX: (803) 896-4484  
Internet Address: [www.llr.state.sc.us](http://www.llr.state.sc.us)

## PROFESSIONAL REFERENCE

### To Be Completed by Applicant:

Name: \_\_\_\_\_ Social Security (Last Four): XXX-XX-\_\_\_\_\_

### To Be Completed by Respondent:

The above named applicant has applied for registration as a geologist in South Carolina under the provisions of Title 40 of the 1976 Code. The South Carolina Department of Labor, Licensing and Regulation Board of Registration for Geologists requires letters of reference to satisfy the Board as to the character, integrity and competence of the applicant. These letters of reference must be submitted by Professional Geologists or Engineers

1. Your Profession: \_\_\_\_\_

2. Your number of years of experience: \_\_\_\_\_

3. Your professional registration/certification:

a. Type: \_\_\_\_\_

b. State: \_\_\_\_\_

c. Registration/Certification Number: \_\_\_\_\_

4. How long have you known the applicant? \_\_\_\_\_

Personally?       Professionally?

5. What has been your professional relationship with the applicant?

Employer       Supervisor       Co-worker       Other \_\_\_\_\_

6. In your judgment would the applicant be suitable for registration based on:

Technical Competence	Yes	No
Professional Integrity	Yes	No
Professional Reputation	Yes	No
Personal Integrity	Yes	No

7. Do you know of any instances where the applicant was guilty of illegal conduct or professional misconduct? \_\_\_\_\_  
(If yes, please explain on a separate sheet).
8. \*\*Would you entrust the applicant with the responsibility for an important geological project involving life, health and welfare of the public? \_\_\_\_\_ (If no, please explain on a separate sheet).
9. Please include additional information and comments which would amplify or clarify the items above. Attach additional sheets if necessary.

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Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO:** LLR Board of Registration for Geologists  
110 Centerview Drive (physical address)  
PO Box 11329 (mailing address)  
Columbia, SC 29211-1329

\*\*Need not answer for Geologist-in-Training Applicant