

Board for Professional Soil Scientists, Wetland Delineators, and Geologists
Universal License Recognition - PROFESSIONAL WETLAND DELINEATOR EXPERIENCE LOG

Page _____ of _____

1. Name _____
 Last First Middle Generation

2. Provide **one** of the following identification numbers*:

Social Security Number or Virginia DMV Control Number - -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

Instructions

Please make several copies of this blank form prior to completing the necessary information. This will ensure that you have additional forms to accommodate all of your experience entries. Please number the pages according to the total number of forms submitted (i.e., 1 of 3; 2 of 3, etc.) in the upper right-hand corner. Enter your most recent experience first. Complete items #1-3, then forward this form to your supervisor to complete item #4-5.

3. Type of Delineation, Field Studies, or Educator Experience:

Employer Name		Employer's Address			
Your Position Title	Start Date (MM/YY)	End Date (MM/YY)	Full-time (35 hours+/week)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			If part-time, average hours/week =		
Experience Description:					
Supervisor Information Section					
Name	Title	Business Address		Business Phone Number	

4. Have you supervised the applicant for the entire period listed in item #3?

Yes

No If no, how long have you supervised the applicant?

From: _____ To: _____
MM/YY MM/YY

5. To the best of your knowledge, did the applicant correctly describe his/her experience?

Yes

No If no, please provide details below.

Supervisor's Signature _____ Date _____