

**Board for Professional Soil Scientists, Wetland Professionals and Geologists  
 PROFESSIONAL SOIL SCIENTIST EXPERIENCE LOG**

No Fee Required

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.

*Prior to entering information on this form, please make several copies of this blank form to ensure that you have additional forms to accommodate all your experience entries. Please be sure to number the pages according to the total number submitted (i.e., 1 of 3, 2 of 3, etc.) in the upper right-hand corner. Enter your most recent experience first.*

| Starting<br>MM/YY   | Ending<br>MM/YY                           | Name & Signature of Supervisor/<br>Name & Address of Employer                                    | Position Title<br>Detailed Position Description             |
|---|---|--|---|
| <input type="text"/>  | <input type="text"/>                      | Name _____<br>Signature _____<br>Date _____<br>Employer's Name & Address<br><input type="text"/> | Title _____<br>Position Description<br><input type="text"/> |
| <input type="checkbox"/> Soil Mapping<br><input type="checkbox"/> Soil Evaluation<br><input type="checkbox"/> Field/Lab Study<br><input type="checkbox"/> Research/Teach<br><input type="checkbox"/> Consulting | Type of Experience (check all that apply) |  |   |
| <input type="text"/>  | <input type="text"/>                      | Name _____<br>Signature _____<br>Date _____<br>Employer's Name & Address<br><input type="text"/> | Title _____<br>Position Description<br><input type="text"/> |
| <input type="checkbox"/> Soil Mapping<br><input type="checkbox"/> Soil Evaluation<br><input type="checkbox"/> Field/Lab Study<br><input type="checkbox"/> Research/Teach<br><input type="checkbox"/> Consulting | Type of Experience (check all that apply) |  |   |
| <input type="text"/>  | <input type="text"/>                      | Name _____<br>Signature _____<br>Date _____<br>Employer's Name & Address<br><input type="text"/> | Title _____<br>Position Description<br><input type="text"/> |
| <input type="checkbox"/> Soil Mapping<br><input type="checkbox"/> Soil Evaluation<br><input type="checkbox"/> Field/Lab Study<br><input type="checkbox"/> Research/Teach<br><input type="checkbox"/> Consulting | Type of Experience (check all that apply) |  |   |