

**STATE OF NEW HAMPSHIRE**  
**BOARD OF CERTIFICATION**  
**OF NATURAL SCIENTISTS**

N.H. Joint Board of Licensure  
57 Regional Drive  
Concord, N.H. 03301

Appl.# \_\_\_\_\_

Cert.# \_\_\_\_\_

**Application for Certification as a**  
**SOIL SCIENTIST**  
**APPRENTICE**

**1. Instructions for Filing Application**

- a. Each applicant for certification shall fill out the application blanks, in every detail
- b. Money Order, Bank Draft or Check in payment of fee must accompany the application, made payable to: **Treasurer, State of N.H.** (Non-refundable)
- c. The Application **shall be typewritten** and submitted to the Board office.
- d. The applicant is requested to read thoroughly and understand Chapter 310-A:75 thru 97, Revised Statutes Annotated, Laws of N.H., and Code of Administrative Rules for Board of Natural Scientists, before filing application.

Enclosed herewith is the Application Fee, in the amount of \$50.00 payable to: **Treasurer, State of N.H.**

**2. General Information**

- a. Name in Full \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_
- b. Usual Written Signature (typed) \_\_\_\_\_
- c. Residence Address\* \_\_\_\_\_ ( )
- d. Present Position (Organization & Title) \_\_\_\_\_
- Business Address\* \_\_\_\_\_ ( )
- f. Place of Birth \_\_\_\_\_ Date \_\_\_\_\_
- g. Phone Number \_\_\_\_\_ Email \_\_\_\_\_

- Indicate mailing address by marking X in parenthesis.

**3. Registration/Certification in Other States**

(Do not include Certification by a Technical, Scientific, or any other non-Government Body)

State in which first registered or certified as an Apprentice Soil Scientist \_\_\_\_\_

Date of Certificate \_\_\_\_\_ Certificate # \_\_\_\_\_

Registered by examination? \_\_\_\_\_ If not, how? \_\_\_\_\_

Is Certificate now in force? \_\_\_\_\_ If not, why? \_\_\_\_\_

Other States in which registered-if by exam, specify \_\_\_\_\_  
\_\_\_\_\_

Has any Certificate ever been revoked? \_\_\_\_\_ If so, why? \_\_\_\_\_

**4. Current Membership in Professional or Scientific Associations**

Name of Organization	Location	Grade of Membership
Date		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. Education**

1. Education-Supervised-List College or University Credits Obtained (A certified copy of all college transcripts must be requested to be sent directly to the joint board office)

Name of Institution Completed	Years Attended		Graduation Date	Credits
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Education-Unsupervised-State nature of home study and correspondence school work related to Soil Science.

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### **6. Professional Experience Related To Soil Science**

This information must be in detail, and should start with your present employment. Use this page as a summary and place detailed information pertaining to Education and Experience on enclosed supplemental experience record sheet. Attach evidence of experience as defined under Section Soil 302:02 of N.H. Code of Administrative Rules for Board of Natural Scientists.

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Date From To Year	Name and address of employer Title of Position	Name and address of someone familiar With each position preferably a person to whom applicant reported or with whom he/she was associated.
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Key

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No action will be taken on this application unless the information requested above is comprehensive and complete.

**7. Name of Apprenticeship Supervisor(s)**

<b>Name</b>	<b>Certificate Number</b>
_____	_____
_____	_____

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application, are material, not only to the issuance of the certification, as applied for, but also to the retention of said certificate, if issued.

\_\_\_\_\_  
Signature of Applicant

**8. Affidavits**

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application, are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Address all communications to: **N.H. JOINT BOARD OF LICENSURE**  
**57 REGIONAL DRIVE**  
**CONCORD, N.H. 03301**