

Title 5 Soil Evaluator Eligibility Form

Title 5 has strict eligibility requirements to become approved as a Soil Evaluator. These requirements are listed in 310 CMR 15.017, Approval of Soil Evaluators.

APPLICANT'S NAME: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY #: _____ - _____ - _____

HOME ADDRESS: _____
Street

Town State Zip Code

MAILING ADDRESS: _____
Street

Town State Zip Code

TELEPHONE NUMBER: () _____ - _____

FAX NUMBER: () _____ - _____

EMAIL ADDRESS: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

I certify that I am eligible to take the Soil Evaluator Examination pursuant to 310 CMR 15.017 because I am:

PLEASE COMPLETE PAGE 2

(Check all that apply)

_____ I am a Massachusetts Registered Professional Engineer in good standing with the Division of Professional Licensure. My Registration Number is: _____. **Please enclose a copy of your license.**

_____ I am a Massachusetts Registered Sanitarian in good standing with the Division of Professional Licensure. My Registration Number is: _____. **Please enclose a copy of your license.**

_____ I am a Massachusetts Certified Health Officer in good standing with the Division of Professional Licensure. My Registration Number is: _____. **Please enclose a copy of your license.**

_____ I have passed the Fundamentals of Engineering Examination (Engineering-in-Training) with a concentration in civil, sanitary or environmental engineering on the following date: _____. **Please enclose a copy of your certificate or notification letter.**

_____ I am a Massachusetts Registered Land Surveyor in good standing with the Division of Professional Licensure. My Registration Number is: _____. **Please enclose a copy of your license.**

_____ I am a member of a Board of Health. The date I was elected was: _____ and my term of office expires on _____ **OR** I was appointed on _____ and my appointment expires on _____.

_____ I am an agent of the (name of municipality) _____ Board of Health and was appointed on (date) _____ by a formal vote of the Board in accordance with MGL Chapter 111 section 30. **Please include a letter signed by the chair of the Board or the municipality's Health Director certifying that you are an agent of the Board as described in MGL Chapter 111 Section 30.**

_____ I am an employee of the Department of Environmental Protection involved in the administration of 310 CMR 15.000 (Title 5). **Please include a letter signed by the Division Director or Deputy Regional Director certifying that you are involved in the administration of Title 5.**

_____ I am a Soil or Geological Scientist with a Bachelor of Arts or Sciences or more advanced degree from an accredited college or university. **Please include a letter from your employer and a copy of your diploma.**

I, _____ (PRINT), do solemnly swear (affirm) that all the information presented in this application is true in substance and effect.

SIGNATURE _____ (SIGN)

DATE: _____