

**Massachusetts Title 5 Soil Evaluator Application/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: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE OR STATE ID #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_  
Town State Zip Code

MAILING ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_  
Town State Zip Code

TELEPHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

***PLEASE COMPLETE BOTH PAGES OF THIS FORM***

I certify that I am eligible to take the Soil Evaluator Examination(s) pursuant to 310 CMR 15.017 because (go to page 2):

**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 (Engineer-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 showing concentration.**

\_\_\_\_\_ 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 \_\_\_\_\_.** **Please submit a letter certifying that you are a Board of Health Member (or if you were elected) a copy of your appointment card.**

\_\_\_\_\_ 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 have a Bachelor of Arts or Sciences degree, or more advanced degree, in Soil or Geological Sciences from an accredited college or university. **Please include a letter from your employer and a copy of your diploma.**

\_\_\_\_\_ I have successfully completed a minimum of 15 semester credits in soil science courses from an accredited institution. At least three of the 15 credits are in Soil Genesis, Classification, Morphology and Mapping. The remaining soil science credits are in at least three of the following six categories: Introductory Soil Science; Soil Chemistry/Fertility; Soil Physics; Soil Microbiology/Biochemistry; Soil Survey Interpretations/Soils and Land-use/Soils and the Environment; and Independent Study/Seminar/Geology. **Please include a copy of the course transcript(s).**

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

SIGNATURE \_\_\_\_\_ (SIGN)

Date \_\_\_\_\_