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## Massachusetts 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.

Please read all questions carefully and answer fully. Form must be filled out completely, where applicable, and proof of eligibility (see next page) must be attached. **Also note that this form should be completed and submitted at the same time as the certification course registration form.** The mailing address is: NEIWPC, 650 Suffolk Street, Lowell, MA 01854.

Attach recent photo with face not less than one inch wide, or a copy of driver's license may be used. **Please note this is a mandatory requirement.**

Proof of eligibility must be attached to this application. If proper proof is not submitted, your application **WILL NOT BE PROCESSED**.

Applicant Name	Date of Birth	Driver's License or ID #

	Residence	Business
Street Address		
City, State, Zip		
Phone Number		
Email		

I, \_\_\_\_\_ [Print Name], do solemnly swear (affirm) that all the information presented in this application is true in substance and effect. I certify that I am eligible to take the Soil Evaluator Examination(s) pursuant to 310 CMR 15.017 as per required proof list on 2<sup>nd</sup> page:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Date Received	Approval Date	Yes or No Approval By	Status and Comments	Certification Number

(See next page for info on required qualification proof.)

**PLEASE COMPLETE PAGE 2**

(Check all that apply)

Select	Qualification	Required Proof
	Massachusetts Registered Professional Engineer (in civil, sanitary, or environmental engineering)	Copy of license.
	Massachusetts Registered Sanitarian	Copy of license.
	Massachusetts Certified Health Officer	Copy of license.
	Massachusetts Registered Land Surveyor	Copy of license.
	Passed Fundamentals of Engineering Exam (Engineer-in-Training) in civil, sanitary, or environmental engineering	Copy of certificate or notification letter showing concentration – copy of diploma and/or transcript can be included.
	Board of Health Member or Agent	Dated letter on municipality letterhead signed by the town clerk, the chair of the Board or the municipality's Health Director certifying that you are currently a member, or an agent of the Board as described in MGL Chapter 111 Section 30.
	Employee of the Department of Environmental Protection involved in the administration of 310 CMR 15.000 (Title 5)	Dated letter signed by the Division Director or Deputy Regional Director certifying that you are involved in the administration of Title 5.
	Bachelor of Arts or Sciences degree, or more advanced degree, in Soil or Geological Sciences from an accredited college or university	Dated letter from your current employer and a copy of your diploma.
	<p>Completed a minimum of 15 semester credits in soil science courses from an accredited institution.</p> <p>At least three of the 15 credits are in:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Soil Genesis</li> <li><input type="checkbox"/> Classification</li> <li><input type="checkbox"/> Morphology and Mapping</li> </ul> <p>The remaining soil science credits are in at least three of the following six categories:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Introductory Soil Science</li> <li><input type="checkbox"/> Soil Chemistry/Fertility</li> <li><input type="checkbox"/> Soil Physics</li> <li><input type="checkbox"/> Soil Microbiology/Biochemistry</li> <li><input type="checkbox"/> Soil Survey Interpretations/Soils and Land-use/Soils and the Environment</li> <li><input type="checkbox"/> Independent Study/Seminar/Geology</li> </ul>	Course transcript(s).