



## Geologist and/or Specialty License Personal Reference

Use this form to verify your good character.

If you have two or more Employment and Experience Verification forms you don't need to use this form.

When completed, send this to your references. They should fill it out and send directly to us.

If you have questions or need language help call (360) 664-1497  
or email [geologist@dol.wa.gov](mailto:geologist@dol.wa.gov).



**Applicant**—Applicant complete this section only

PRINT or TYPE Name	(Area code) Phone number	
Address		
City	State	ZIP code

**Reference information**—Personal reference completes this section

Please complete and mail directly to: **Geologist Licensing Board**  
**Department of Licensing**  
**PO Box 9012**  
**Olympia WA 98507-9012**

PRINT or TYPE Reference name	(Area code) Phone number	
Reference address		
City	State	ZIP code

The above named person has applied for licensing as a geologist or geologist specialist in the state of Washington. The Washington Geologist Licensing Board requires, as part of the licensing process, personal references to satisfy the Board as to the good character and reputation of the applicant.

Do you believe the applicant is of good character and reputation? .....  Yes  No

If no, please explain:

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**X**

Reference signature

Date