

**GEORGIA DEPARTMENT
OF PUBLIC HEALTH**

**SOIL CLASSIFIERS CERTIFICATION
ADVISORY COMMITTEE**

**Application for Registration
Engineer**

Mail application to: **Soil Classifiers Advisory Committee
DPH, Environmental Health Section
Two Peachtree Street NW, 13th floor
Atlanta, GA 30303-3186**

**Application Review Check List
For Soil Classifiers Advisory Committee use only**

_____ Completed application signed
_____ Proof of Insurance

Application form

COMPLETING THE APPLICATION: This application must be typewritten, or printed legibly, fully completed, signed, and accompanied by required documentation before it will be considered by the Soil Classifiers Advisory Committee.

Preferred mailing address (circle one) home business

1. Full Name: _____

2. Current Business address: _____

Name of business _____

Telephone _____

Fax number _____

E-mail _____

Residence address: _____

Telephone _____

E-mail _____

3. Education:

Name and Location of School: _____

Dates of attendance from _____ (Mo/Yr), to _____ (Mo/Yr)

Major: _____ Degree received: _____

Date degree received _____ (Mo/Yr)

Name and Location of School: _____

Dates of attendance from _____ (Mo/Yr), to _____ (Mo/Yr)

Major: _____ Degree received: _____

Date degree received _____ (Mo/Yr)

4. The DCH Rules on On-site Sewage Management Systems (chapter 290-5-26) stipulate that “any person who holds a valid certificate of registration as an engineer issued pursuant to Chapter 15 of Title 43 and is practicing within his or her area of engineering competency” may register with DCH to perform soil investigations, provided they meet the insurance requirements and provide a completed application to the Department. Demonstration of “practicing within his/her area of engineering competency” normally requires a degree in civil engineering; and one of the following: (1) successful completion of 8 hours of continuing education OR (2) at least 6 quarter-hours, or equivalent semester hours, of college level courses in soil classification, soils laboratory or geotechnical engineering. The Soil Classifiers Certification Advisory Committee may recommend approval of an engineer to perform soil investigations if, in the judgment of the Committee, documentation of equivalent training and experience demonstrates competence.

Describe Continuing Education courses (including date, location, duration in hours, and instructor; attach course information and certificate of attendance.)

OR

List specific college level courses (name of course, college/university, and number of quarter hours (if semester hours, so specify; attach transcript from the institution).

	<u>Course Name</u>	<u>College/University</u>	<u>Quarter-hours</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

5. The Georgia Manual for Onsite Sewage Management Systems requires that Soil Classifiers submit evidence of current errors and omissions insurance or other comparable indemnification in the amount of \$1,000,000. Do you currently carry such insurance? Yes No (circle one). If yes, please provide documentation that shows the name of the company, policy number, contact information and policy periods below:

If you currently do not carry such insurance, please note it is not required to submit the application. However, if your application is accepted, you must furnish proof to the Soil Classifiers Advisory Committee that you maintain a professional Liability Policy as specified in the Georgia Manual for Onsite Sewage Management Systems prior to being granted registration with the Department.

6. AFFIDAVIT.

I understand that I may be required to furnish additional information if requested by the Committee.

I hereby certify that I have read the rules and regulations of the Department of Public Health for Soil Classifiers and the Code of Professional Conduct adopted by the Committee. I further certify that the information contained in this application (including attached sheets) is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Seal of Engineer: