



**STATE OF NEW HAMPSHIRE**

**APPLICATION FOR CERTIFICATION AS A  
NATURAL SCIENTIST APPRENTICE**

- \$75.00 Application Fee – Soil Scientist Apprentice**
- \$75.00 Application Fee – Wetland Scientist Apprentice**

The application must be filled out completely and typewritten

Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

**1. General Information**

Name \_\_\_\_\_

Last

First

Middle

Names Previously Used (if applicable) \_\_\_\_\_ SS# \_\_\_\_\_

Written Signature: \_\_\_\_\_

Residence Address \_\_\_\_\_ zip code \_\_\_\_\_

Business Name & Position \_\_\_\_\_

Business Address \_\_\_\_\_  
Indicate mailing address by check box zip code \_\_\_\_\_

Business Phone \_\_\_\_\_ Personal Phone \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2. Registration/Licensure Information**

State in which first registered or certified as a Natural Scientist Apprentice: \_\_\_\_\_

Certified as a Wetland or Soil Scientist Apprentice? \_\_\_\_\_

Date of Certification \_\_\_\_\_ Certificate Number \_\_\_\_\_ Certified by examination? \_\_\_\_\_

Is Certificate still in force? \_\_\_\_\_ If not why? \_\_\_\_\_

**3. Membership in Professional or Scientific Associations**

Name of Organization	Location	Grade or Membership	Date

#### 4. Professional Experience

This information described below is a summary of your employment, and should start with your first employer.

Date	1. Name of Employer- Title of Position	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated.
Indicate years	2. Location and Character of Each Position	
From            to	3. Degree of Responsibility	

## 5. Education

1. Official transcripts are required and must be sent directly to the board office from the college or university, in a sealed envelope.

INSTITUTION AND LOCATION	FROM	TO	GRADUATION DATE	CREDITS COMPLETED
<b>Colleges and Universities:</b>				
1.				
2.				
3.				
4.				

2. Please list home study and correspondence school courses related to soil or wetland science if applicable. Attach additional sheets if necessary. Please attach all certificates of completion.

COURSE TITLE	COURSE DATES		EDUCATIONAL INSTITUTION	SEMESTER HOURS AWARDED
	TO	FROM		

## 6. Name of Apprenticeship Supervisor(s)

Name	Certificate Number

## 7. General Information Questions

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| <p><b>1.</b> Have you ever been convicted of any felony or misdemeanor that has not been annulled by a court pursuant to RSA 651:5 and if not annulled, the name of the court in which the conviction occurred, the Details of the offence and the date of the conviction and the sentence imposed.</p> | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| <p><b>2.</b> Have you ever been denied registration, certification or licensure as a soil or wetland scientist or disciplined by this board or another soil or wetland scientist board in any other state or country and if so, an explanation of the circumstances</p>                                 | <input type="checkbox"/>        | <input type="checkbox"/>       |

**If the answer is yes to any of the above questions, submit a written explanation with your application**

## 8. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

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Signature of Applicant

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Date

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – Technical Division  
121 SOUTH FRUIT STREET, SUITE 201  
CONCORD, N.H. 03301

*Find us on the on-line at [www.oplc.nh.gov/natural-scientists/index.htm](http://www.oplc.nh.gov/natural-scientists/index.htm)*

rev. 10/16

### CANDIDATE REQUIREMENTS

310-A:85 Apprentice.

I. To be eligible for recognition as an apprentice soil scientist, a person shall have the following qualifications:

- (a) Be of responsible character;
- (b) Have completed the formal education under RSA 310-A:84, I; and
- (c) Be in training to become a certified soil scientist and be engaged in the practice of soil science under the direct supervision of a certified soil scientist who is performing soil science work.

II. To be eligible for recognition as an apprentice wetland scientist, a person shall have the following qualifications:

- (a) Be of responsible character;
- (b) Have completed the formal education under RSA 310-A:84, II-a; and
- (c) Be in training to become a certified wetland scientist and be engaged in the practice of wetland science under the direct supervision of certified wetland scientists who is performing wetland science work.

Date \_\_\_\_\_

College or University Registrar

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Registrar:

Enclosed please find my fee in the amount of \$ \_\_\_\_\_ in payment for a certified transcript of my scholastic record. I attended college during the years \_\_\_\_\_ to \_\_\_\_\_. I received my degree on \_\_\_\_\_. My Social Security number is \_\_\_\_\_ and my date of birth is \_\_\_\_\_.

My student identification number was \_\_\_\_\_.

Please send the transcript ***directly*** to the following address:

NH OPLC – Technical Division  
121 South Fruit Street, Suite 201  
Concord, New Hampshire 03301

The Board of Natural Scientists has informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed Name and Address)

**Credit Card Sheets are not accepted via e-mail**

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

Transaction Type:		Amount Due:	
Card Type: (please select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <b>(required)</b>	
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

**CONFIDENTIAL**