

## APPLICATION INSTRUCTIONS

Per the SC Code of Laws, Section 40-65-10, in order to safeguard public welfare, health and property and to promote public good, any person practicing or offering to practice soil classifying, privately or in public service, shall be required to submit evidence that he/she is qualified to practice and shall become registered as hereinafter provided. It shall be unlawful for any person to practice soil classifying or to use the term "Soil Classifier" unless duly licensed under the provisions of this Act.

### I. PERSONAL DATA

Furnish all information requested. Please indicate your preferred mailing address.

### II. EDUCATION AND EXPERIENCE

Please have a certified copy of your college transcripts sent directly to this office for completion of your registration file in order to qualify meeting criteria under the "Education" requirement in our law.

"Experience" refers to employment as a soil classifier or performing soil classifying work under the direct supervision of a registered soil classifier, or other experience acceptable to the Department. Your record of experience is a part of your application and is covered by your oath. Be sure to include all requested information (including a full address in order to process the Employment Verification for your registration file).

### III. REFERENCES

A reference questionnaire form is provided on the back page of this application for your convenience. It is your responsibility as an applicant to photocopy this form and forward these to your named references. They must be instructed to mail the completed questionnaire directly to the Department as soon as it is completed. If reference questionnaires are not received within three (3) months of the date of receipt of the application, your application may be rejected. The questionnaire must be fully completed and signed. Please note that at least three (3) of the references must be registered soil classifiers or soil scientists.

### IV. FEES

Please remit the \$25.00 application fee with your completed application. A full schedule of fees is listed below.

### V. EXAM

All applicants for registration as a Soil Classifier or a Soil Classifier-In-Training must successfully complete the pertinent sections of the ARCPACS Examination (*this requirement may be waived if you have passed an examination in another state where you are currently licensed – please see below for details*).

### **IF YOU ARE CURRENTLY REGISTERED IN ANOTHER STATE PLEASE NOTE :**

We will take qualifications met in another state into consideration for licensure in SC. Along with the completed application, five professional references, and certified copy of your college transcripts, please submit the following materials for your application file:

- **A copy of your current license in all states where you are registered.**
- **A copy of your passing score report for any examinations you have passed in other states.**

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### **SC Soil Classifiers Registration Program Schedule of Fees**

**PLEASE MAKE ALL CHECKS PAYABLE TO: SCDNR**

Application Processing Fee	\$25.00
Registration Fee – Soil Classifier	\$100.00
Application Fee – Soil Classifier-In-Training	\$20.00
Annual Renewal Fee	\$50.00 retired; \$100.00 active
Late Payment Penalty Fee	\$20.00
Duplicate Certificate Fee	\$20.00



**SC DEPARTMENT OF NATURAL RESOURCES  
LAND, WATER AND CONSERVATION DIVISION  
SOIL CLASSIFIERS REGISTRATION PROGRAM  
1000 ASSEMBLY STREET, P.O. BOX 167  
COLUMBIA, SC 29202-0167  
TELEPHONE: (803) 734-9131**

**APPLICATION FOR REGISTRATION TO PRACTICE  
SOIL CLASSIFYING.**

All information requested on this form must be typewritten or printed in black ink.

CHECK APPROPRIATE BOX. ENCLOSE PRESCRIBED FEE LISTED ON THE INSTRUCTION SHEET. MAKE CHECK PAYABLE TO: SCDNR. APPLICATION FEES ARE NON-REFUNDABLE (SEE SC CODE OF LAWS 40-65-100, 130)

**CERTIFICATION AS SOIL CLASSIFIER-IN-TRAINING (Valid for 2 years)**

Must have fifteen or more semester hours of approved soil courses as recognized by the Department, successfully passed the fundamentals portion of the ARCPACS Examination, and has one of the following additional qualifications:

- (a) has earned a Bachelor's Degree or equivalent in a curriculum approved by the Department; OR
- (b) has completed a curriculum not approved by the Department and who has a specific record of four (4) years of soil classification experience, of which two (2) years must be under the supervision of a registered soil classifier or someone who meets the minimum academic and experience requirements of a registered soil classifier and who passed an examination in the fundamentals of soil classification.

**REGISTRATION AS PROFESSIONAL SOIL CLASSIFIER**

Must have fifteen or more semester hours of approved soil courses as recognized by the Department, completed two (2) or more years of training under the direct supervision of a registered soil classifier or other person approved by the Department, successfully passed the fundamentals and professional practice sections of the ARCPACS Examination (or other state registration examination), and have one of the following qualifications:

- (a) has earned a Bachelor's Degree or equivalent in a curriculum approved by the Department and with a specific record of two (2) years or more experience of a grade and character which indicates to the Department that the applicant is competent to practice soil classifying; or
- (b) has earned a Bachelor's Degree or equivalent in one of the natural sciences and has six (6) years or more experience in soil classifying work of a character and grade which indicates to the Department that the applicant is competent to practice soil classifying; or
- (c) holds a valid soil classifier-in-training certificate with a specific record of two (2) years or more experience as a soil classifier-in-training of a grade and character which indicates to the Department that the applicant is competent to practice soil classifying; or
- (d) is an extension specialist, researcher, or teacher of soils in an college or university and has two (2) or more years of soil classifying experience of a character and grade which indicates to the Department that the applicant is competent to practice soil classifying.

**AFFIX RECOGNIZABLE PASSPORT  
STYLE PHOTOGRAPH WITH FACE  
NOT LESS THAN THREE-QUARTERS  
(3/4) INCH WIDE.**

Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reg. No. \_\_\_\_\_

Effective Date: \_\_\_\_\_

OFFICIAL USE ONLY

**PERSONAL DATA:** Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Full Name (As you wish it to appear on Certificate of Registration):

\_\_\_\_\_  
(First Name) (Middle) (Last) (Jr./Sr.)

2. Please check box to indicate preferred mailing address:

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cellular Telephone: (\_\_\_\_\_) \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Place of Birth (City/State/Country): \_\_\_\_\_

4. Citizen of (State or Foreign Country): \_\_\_\_\_ 5. State of Residence: \_\_\_\_\_

6. Are you a registered as a Professional Soil Classifier or Soil Scientists elsewhere? \_\_\_No\_\_\_ Yes. If yes, show the following:

Name of State or Country	* Basis	Registration Date	Certificate/License Number	Expiration Date

- Indicate basis as: W – Written Examination; O – Oral Examination; EE – Education & Experience; R – Reciprocity; GF – Grandfathered. If you took a written examination, indicate when you successfully completed the exam and provide a copy of your passing score report with this application.

7. Names of technical or professional organizations to which you belong with a grade of membership:

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

8. Have you ever been refused a license or had revocation or other disciplinary proceedings filed against you?  
 \_\_\_No \_\_\_Yes. If yes, please explain: \_\_\_\_\_

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9. Have you ever been convicted of a felony: \_\_\_No \_\_\_Yes. If yes, please explain: \_\_\_\_\_

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10. Have you been judged mentally incompetent by a court of competent jurisdiction? \_\_\_ No \_\_\_Yes If yes, please explain: \_\_\_\_\_

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11. Education – Give names and location of college or university. CERTIFIED COPY OF TRANSCRIPT REQUIRED.

Name of Institution	Major Field of Study	Years Completed	Credit Hours Completed	Type of Degree	Year Graduated

Chief Undergraduate College Subjects	Number of Credit Hours Completed	Chief Graduate College Subjects	Number of Credit Hours Completed

12. REFERENCES – List below five (5) citizens of the U.S., three (3) of whom are registered Soil Classifiers or Soil Scientists, not relatives of members of this Department or the SC Soil Classifiers Advisory Council, who have a definite knowledge of your qualifications and character. (Soil Classifier-In-Training only needs to submit three [3] character references).

Full Name	Address (Business or Residence)	Occupation	State of Licensure and License Number	Relationship to Applicant



## **SC Code of Regulations, Chapter 116.7 - Code of Ethics**

A. In order to establish and maintain a high standard of integrity, skills and practice in the profession of soil classifying, the following code of ethics shall be binding upon every person holding a certificate of registration as a Professional Soil Classifier. The Soil Classifier who holds a certificate of registration from the Department is charged with having knowledge of 1976 Code Section 40-65-10 through 40-65-260 and the code of ethics hereinafter provided. The Professional Soil Classifier:

- (1) Shall be forthright and candid in statements or written responses to the Department or its representatives on matters pertaining to professional conduct.
- (2) Will be guided in all his or her professional relations by the highest standards of integrity.
- (3) Will avoid any act tending to promote self interests at the expense of the dignity and standings of the profession.
- (4) Will undertake soil classifying assignments only when qualified by training or experience; and will engage, or advise engaging other experts and specialists whenever the client's or employer's interests are best served by such service.
- (5) Will not disclose confidential information concerning the business affairs, procedures or processes of a present or past client or employer.
- (6) Will inform clients or employers of any business connections, interests or circumstances which may be deemed to influence professional judgement or services.
- (7) Will not accept compensation from parties doing business with clients or employees in connection with work for which he or she is responsible.
- (8) Will not collect compensation, financial or otherwise, from more than one interested party for the same service pertaining to the same work without full disclosure and consent of the interested parties.
- (9) Will inform the Department of any suspected unethical or illegal practice by another soil classifier.
- (10) Will protect the soil classifying profession from misrepresentation and misunderstanding.
- (11) Will not allow the use of his or her name in an enterprise of questionable nature or objective.
- (12) Will not associate professionally with the individuals who do not comply with this code of ethics.
- (13) Will not indulge in exaggerated, misleading or false advertising or publicity.
- (14) Will endeavor to extend public knowledge and appreciation to soil classifying, its achievements and its potential.
- (15) Is encouraged to seek opportunities to be of service in civic affairs and work for the advancement and well-being of the community.
- (16) Will cooperate in increasing the effectiveness of the profession by exchanging non confidential information with other professional soil classifiers.
- (17) Is encouraged to join professional organizations, actively participate at their meetings and encourage fellow classifiers in the same endeavor.
- (18) Will endeavor to provide opportunities for the professional development of soil classifiers.

B. Any violation of this Code of Ethics shall constitute a ground for disciplinary action.

I hereby certify that I have read, understand, and will comply with the Code of Ethics as described in the SC Code of Regulations, Section 116.7

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**INFORMATION FOR APPLICANT**

It is unlawful for any person to use the title "Soil Classifier" or to engage in any work which comes under the provisions of the Act regulating the practice of Professional Soil Classifiers unless he/she holds a current license issued by this Department.

Carefully read all information released by the Department pertaining to registration and determine your ability to qualify.

**PLEDGE**

**I HEREBY CERTIFY THAT ALL INFORMATION DISCLOSED IN THIS FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE; I HAVE FAMILIARIZED MYSELF WITH THE PROVISIONS OF THE SC CODE OF LAWS, SECTION 40, CHAPTER 65, TO REGULATE THE PRACTICE OF SOIL CLASSIFYING, AND DO HEREBY SUBSCRIBE TO AND AGREE TO ABIDE BY THE PROVISIONS THEREIN AND RELATED RULES AND REGULATIONS PROMULGATED BY THE DEPARTMENT.**

The SC Code of Laws for Soil Classifiers is available on-line at <http://www.scstatehouse.net/code/t40c065.htm> .

The SC Code of Regulations for Soil Classifiers is available on-line at <http://www.scstatehouse.net/coderegs/c116.htm> .

Signature of Applicant: \_\_\_\_\_

**AFFIDAVIT**

(To be made before Notary Public or official qualified by law to administer oaths)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_,

On the \_\_\_\_\_ th Day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared,  
(Month) (Year)

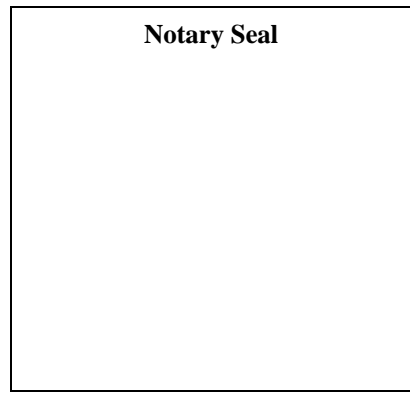
\_\_\_\_\_, known to me to be the person herein described, and signed  
(Name of applicant)

the foregoing application form, and on oath swears (or affirms) that all the statements herein made are true to the best of His/her belief and knowledge.

\_\_\_\_\_  
(Print full name of notary)

\_\_\_\_\_  
(Signature of notary)

My commission expires: \_\_\_\_\_



\_\_\_\_\_  
SIGNATURE OF APPLICANT  
(TO BE SIGNED IN PRESENCE OF NOTARY)

Please photocopy this form and mail or FAX it to the five (5) individuals listed as your Professional References (three [3] of them must be registered soil classifiers or soil scientists). They can return the completed form directly to me by mail or FAX.

**SOUTH CAROLINA SOIL CLASSIFIERS REGISTRATION PROGRAM  
CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT**

**Applicant Complete This Section:**

**Date:** \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_  
(Name) (Address)

The above applicant has submitted an application for registration to practice Soil Classification in the State of South Carolina and has submitted your name as a reference.

The Soil Classifiers Law regulates the practice of Soil Classification in the State of South Carolina. Please give complete and accurate answers to the following questions. A prompt response will be greatly appreciated. The reverse side of this form can be used for additional information and/or comments.

1. How long have you known the applicant? \_\_\_\_\_

2. Was the applicant ever under your direct supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**If yes, please give a brief description of the services the applicant performed under your supervision on the reverse side of this page.**

3. Did the applicant ever perform Soil Classifying services for you? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Please give your opinion of the applicant's abilities and competency in the following areas:

	<b>Excellent</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Technical Knowledge			
Professional Experience			
Professional Reputation			

5. Do you know of anything that, in your opinion, might preclude this applicant from being a competent Soil Classifier?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Profession: \_\_\_\_\_

Are you a legally registered Soil Classifier or Soil Scientist? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, **please affix seal to this form**

and provide : State: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

