

**Authorized Onsite Soil Evaluator  
Reference Form**

Name (applicant)	Name (of person giving reference)
Address	Address
Phone Number	Phone Number
How many years have you known the applicant?  Years known _____	Do you attest that the applicant has been employed conducting onsite soil evaluations for at least two of the past five years?  Yes _____ No _____
Do you attest that the applicant has the knowledge, skills and abilities to work as an authorized onsite soil evaluator and to do so in compliance with the <i>Sewage Handling and Disposal Regulations</i> ?  Yes _____ No _____	What relationship do you have with the applicant that makes you familiar with their knowledge, skills, and abilities?
Please provide any other comments you wish to make here. (This section is optional)	

Signed \_\_\_\_\_ Date \_\_\_\_\_

Applications may either sealed in an envelope and returned to the applicant for enclosure with their application or mailed directly to:

The Division of Onsite Sewage and Water Services  
PO Box 2448  
1500 E. Main St., Room 117  
Richmond, VA 23218.

**Attention AOSE Reference**