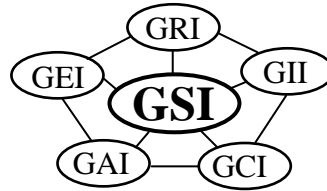


Geosynthetic Institute

475 Kedron Avenue
Folsom, PA 19033-1208 USA
TEL (610) 522-8440
FAX (610) 522-8441



Geosynthetic Certification Institute-Inspectors Certification Program (GCI-ICP) for MSE Walls, Berms and Slopes

Application Form for MSE Walls, Berms and Slopes

Name: _____

Company _____

Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone: _____ Fax: _____

E-mail address: _____

Desired Exam Location and Date: _____

This form must be completed and sent to the Geosynthetic Institute at the above address along with the following information:

1. Recommendation letter from immediate supervisor (see suggestion on following page).
2. Work experience record filled out and signed by immediate supervisor (required form is attached).
3. A check, money order, or purchase order in the amount of \$500.00 made payable to the *Geosynthetic Institute* must accompany this registration form and sent to the above address.
4. Upon our receipt of the above items and the successful completion of the written examination, the candidate will receive a Certification Certificate valid for 5-years from the date of the successfully passed examination.
5. Copy of government issued photo I.D. to be used at entrance of exam must be sent with this application.

[YOUR COMPANY LETTERHEAD]

[Date]

(Suggested) Recommendation Letter

Dr. George R. Koerner, P.E., CQA
GCI-ICP Program Director
C/O Geosynthetic Institute
475 Kedron Avenue
Folsom, PA 19033-1208

Dear Dr. Koerner,

In my opinion _____ (candidate name) _____ has sufficient work experience (minimum of 6-months) and proper attitude to be certified under the Geosynthetic Certification Institute's-Inspector Certification Program (GCI-ICP) for MSE Walls, Berms, and Slopes using geosynthetic reinforcement. The following completed and signed form attests to my recommendation in this regard.

Yours truly,

Your Name: _____

Company: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Your Signature: _____

**Geosynthetic Certification Institute-Inspectors Certification Program
(GCI-ICP)
WORK EXPERIENCE FORM FOR MSE WALLS, BERMS, AND SLOPES
USING GEOSYNTHETIC REINFORCEMENT**

(Please type or print this response)

Endorser may be requested to substantiate any statements made herein.

STATEMENT OF ENDORSER: (NOT TO BE FILLED OUT IN PRESENCE OF APPLICANT)

1. For how many years have you been familiar with the applicant:

(a) personally _____ (b) in your professional capacity _____

2. Are the applicant's character and personal reputation:

Excellent _____ Good _____ Not acceptable _____

Not Known _____

Note: If "Not Acceptable" kindly elaborate:

3. What is your professional relation to the applicant? _____

4. Is your knowledge of the applicant's field inspection experience based on your relationship described in item 3? _____

If not, please indicate the basis of your knowledge: _____

5. Please comment on the applicant's:

(a) Ability to communicate effectively: i) Orally: _____
ii) In writing: _____

(b) Knowledge and application of MSE wall, berm, or slope inspection principles:

(c) Use of proper judgment and work accuracy: _____

(d) Ability to assume responsibility and direct people: _____

(e) Ability to recognize and work within his/her own limitations: _____

6. Please list from your personal knowledge the type of MSE wall, berm or slope inspection work that the applicant has performed and details of his/her responsibility (Use additional sheets if necessary):

7. For how many months, to your personal knowledge, has the applicant been engaged in MSE wall, berm or slope inspection?
(minimum cumulative time is six months) _____
8. How much of the time noted in Item 7 has been working:
- (a) As an assistant inspector = _____ months
- (b) At a lead inspector level involving MSE wall, berm or slope installations = _____ months
9. Do you consider that the applicant reached a professional level in his/her work? _____
10. The Institute would appreciate any additional or amplifying information that you may wish to provide: _____

11. If you have any reason to believe that certification of the applicant should be withheld at this time, please comment below.

12. Your business or profession: _____
Your address: _____ Phone: _____
Name (Print or Type) _____
Date: _____ Signature: _____
If you are a licensed Professional Engineer, please fill in below:
Licensed Professional Engineer Number# _____ State of _____