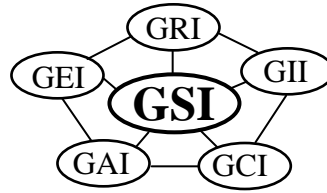


Geosynthetic Institute

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



Geosynthetic Certification Institute's-Geosynthetic Designer Certification Program (GCI-GDCP)

Application Form for "*Geosynthetic Designer Certification*"

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. Professional Engineer (or equivalent) verification (see suggested letter on following page).
2. Minimum six-months geosynthetic design 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. Robert M. Koerner, Ph.D., P.E., NAE, D-ASCE
GCI-GDCP Program Director
C/O Geosynthetic Institute
475 Kedron Avenue
Folsom, PA 19033-1208

Dear Dr. Koerner,

To my knowledge _____ (candidate name) _____ is a Professional Engineer (documentation is attached) or equivalent and has sufficient geosynthetic design experience (minimum of 6-months) and proper attitude to be certified under the Geosynthetic Certification Institute's-Geosynthetic Designer Certification Program (GCI-GDCP) for geosynthetic materials. 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-Geosynthetic Designer Certification
(GCI-GDCP)**

WORK EXPERIENCE FORM FOR GEOSYNTHETIC MATERIALS DESIGN CERTIFICATION

(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. In what country/state/province is the applicant a professional engineer? _____

Give PE number _____ Original Date _____

2. If the applicant does not have a PE license, what alternative credentials do you consider equivalent? _____

3. For how many years have you been familiar with the applicant?

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

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

Excellent _____ Good _____ Not Acceptable _____ Not Known _____

Note: If "Not Acceptable" kindly elaborate:

5. What is your professional relationship to the applicant? _____

6. Is your knowledge of the applicant's geosynthetic design experience based on your relationship described in item 3? ____

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

7. Please comment on the applicant's:

(a) Ability to communicate effectively: i) Orally: _____

ii) In writing: _____

(b) Knowledge and application of geosynthetic materials design: _____

(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: _____

8. Please list from your personal knowledge the type of geosynthetic materials design work that the applicant has performed and details of his/her responsibility:

9. For how many months, to your personal knowledge, has the applicant been engaged in geosynthetic materials design? (minimum cumulative time is six months) _____

10. How much of the time noted in Item 9 has been working:

(a) As an assistant designer = _____ months

(b) At a lead design level involving geosynthetic materials = _____ months

11. Do you consider that the applicant reached a professional level in his/her work? _____

12. The Institute would appreciate any additional or amplifying information that you may wish to provide: _____

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

14. 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 _____