



Oregon

Kate Brown, Governor

Department of Land Conservation and Development

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Soils Professional Application to Perform Soils Assessments

Personal Information

Last Name, First Name: _____

Mailing Address: _____

Email Address: _____ Telephone Number: _____

Counties you will work in: _____

Professional Information

Source of current employment: Self employed: ___ Federal: ___ State: ___ Private: ___

University/College: ___ Not for Profit: ___ Other: ___

Job Title: _____

Are you a CPSS? _____ Certification Number _____

Are you a CPSC? _____ Certification Number _____

If you are not a CPSC, your qualifications will be evaluated by a panel of soils professionals as described in OAR 660-033-0030(9). If you are not CPSC, please indicate:

1. Highest Educational Level attained: BS: _____, MS: _____, PhD: _____
2. Number of semester hours in soil genesis, morphology and classification: _____
3. Number of years of field experience in soils classification and mapping meeting National Cooperative Soil Survey standards: _____
4. Demonstrated competence in practicing soils classification and mapping without direct supervision: yes ___ no ___
5. That you have attached transcripts and sample work that demonstrate satisfaction of (1), (2) and (3) above: yes ___ no ___
6. That you have attached a completed Professional Experience Form: yes ___ no ___

Qualifying soil classifiers/scientists who agree to the following terms and conditions will be listed on the Department of Land Conservation & Development's website as qualified to perform soil assessments for the department:

1. Completion and submission of this application;
2. Submission of soil assessments that are soundly and scientifically based and consistent with the Soils Assessment Report Requirements; and
3. Biennial reapplication to the department for listing. Where department audits reveal a pattern of work showing a lack of demonstrated competence in practicing soils classification and mapping consistent with OAR 660-033-0030(9) requirements, reapplications will not be approved.

I hereby agree to the foregoing terms and conditions of application to perform soils assessments under OAR 660-033-0030(5) and (9). In exchange for the department's authorization for me to participate and engage in the soils assessment program, I expressly agree to forever waive and give up all claims, suits, actions, proceedings, losses, damages, liabilities, awards and costs of every kind and description, including any and all federal and state claims, reasonable attorney's fees, and expenses at trial (collectively "claims") which I have or may have a right to bring against any agency, department, the State, or their agents, officials or employees arising out of or related to my participation and performance in the soil classifier program, including but not limited to claims for mistake or negligence of the department, the State of Oregon, and their officers, employees and agents. I further agree that the provisions of this Liability Waiver and Release from Federal and State Claims shall be effective and binding upon my heirs, executors, administrators, successors, assigns, beneficiaries, or delegates and shall inure to the benefit of the Department, the State of Oregon, and their officers, employees and agents.

Soils Professional

Date