

State of North Carolina
 NC Soil and Water Conservation Commission
 Division of Soil and Water Conservation

APPLICATION FOR DESIGNATION AS A "TECHNICAL SPECIALIST"
(Pursuant to 15A NCAC 2T .0100, 15A NCAC 6F & 15A NCAC 6H)

Applicant's Name _____ Home Phone # _____

Business Name _____ Work Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

I. Place a check (✓) mark by the category(s) for which you are seeking approval authority and indicate the years of experience in each category being sought. See Attachment 1 for a description of each category and the minimum requirements for designation.

✓	Designation Category	Category Code	Years of Experience
	Irrigation Equipment	(I)	
	Waste Utilization Planning/Nutrient Management	(WUP/NM)	
	Inorganic Nutrient Management	(INM)	
	Wettable Acres	(WA)	
	Runoff Controls	(RC)	
	Water Management	(WM)	
	Structural Animal Waste	(SD – Design) (SI – Inspection)	

II. List applicable education, registrations, certifications, etc. currently held.

III. Provide information on required training courses attended (See Technical Specialist Criteria).

Name of Training Course	Primary Instructor	Date(s) attended

IV. Provide evidence of experience by each category sought. Types of documentation that are also accepted as evidence of experience can be Waste Utilization Plans, Nutrient Management Plans, and Irrigation Designs etc.

Category Code	Type of Facility/Operation	Relative Experience	County

- V. List three references for each category of authority sought. These references should be able to attest to your technical proficiency. (Attach additional sheets as necessary)

Category Code	Name	Address	Phone

- VI. List your employment record for the past five years, starting with your current employer. (Attach additional sheets as necessary)

Employer	Address	Phone	Start/End Date

- VI. Provide a copy of related school transcripts, degrees, certifications, etc.

I certify that the information provided above is true, complete and correct to the best of my knowledge and belief. In the event confirmation is needed in connection with my qualifications, I authorize employers, clients, educational institutions, associations, registration and licensing boards to furnish whatever detail is available concerning my qualifications.

Applicant's Signature

Date

Please mail completed application to: Division of Soil and Water Conservation
P.O. Box 845
Mocksville, NC 27028
Michael.Shepherd@ncagr.gov