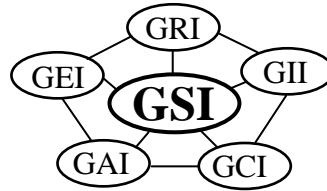


## ***Geosynthetic Institute***

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



## **Geosynthetic Certification Institute-Inspectors Certification Program (GCI-ICP)**

### **Application Form for "*Geosynthetic Materials*"**

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Name: \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

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City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Desired Exam Location and Date \_\_\_\_\_

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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 \$400.00, 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 good 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 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-Inspectors Certification Program  
(GCI-ICP)**

**WORK EXPERIENCE FORM FOR GEOSYNTHETIC MATERIALS**

(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:

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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: \_\_\_\_\_

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5. Please comment on the applicant's:

(a) Ability to communicate effectively: i) Orally: \_\_\_\_\_

ii) In writing: \_\_\_\_\_

(b) Knowledge and application of geosynthetic material system inspection principles: \_\_\_\_\_

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(c) Use of proper judgment and work accuracy: \_\_\_\_\_

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(d) Ability to assume responsibility and direct people: \_\_\_\_\_

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

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6. Please list from your personal knowledge the type of geosynthetic materials system inspection work the applicant has performed and details of his/her responsibility (Use additional sheets if necessary): \_\_\_\_\_

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7. For how many months, to your personal knowledge, has the applicant been engaged in geosynthetic materials system 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 geosynthetic materials system 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 \_\_\_\_\_