

Level IB Exam

Issued July 2006



If you are not taking the exam

- Please make sure you pick up your **PROOF of ATTENDANCE** form before you leave.
- You will need the Proof of Attendance form to register for an Exam Only Session.
- You will need to submit your Proof of Attendance Form at the Exam Only Session.



If you are taking the exam:

Please note that once you have returned from this break you will not be able to leave the room.

If you leave the room before completing the exam, it will not be scored.



Remember.....

- The use of cell phones, pagers and all electronic devices is **strictly prohibited** during the exam.
- Cell phones, pagers and electronic devices must be cleared from your desk **before, during and after the exam.**

If you use any of these items during the exam
your exam will not be scored.



During the Break

- Make sure you have a #2 pencil and a blue/black pen. Pens and pencils will be available at break.
- Have a photo ID ready. **If you do not have photo ID you cannot take the exam.**
- Take care of any business or personal needs.
- When returning from the break please make sure you pick up an application/answer sheet. **Do Not complete application or answer sheet until instructed to do so.**



APPLICATION AND EXAM PROCEDURES

**Please DO NOT complete
application/answer sheet until
instructed to do so.**

The Application

Level IB: Advanced Fundamentals Certified Personnel Application for Exam Only Session Certification of Persons Involved in Land Disturbing Activity in Georgia		
General Information		
<i>Please print in blue/black ink</i> Name:(Last, First, MI)		
Date of Birth:	Last four digits of Social Security Number:	
Home Address: Street, City, State, Zip:		
Home Phone:	Email:	
Employer:		
Work Address: Street, City, State, Zip		
Work Phone:	Fax:	
Preferred mailing address for certification correspondence: <input type="checkbox"/> Home Address <input type="checkbox"/> Work Address		
Experience (60 days required)		
Employer:	Supervisor:	Hire Date:
Level IA Certification (in lieu of 60 days experience)		
Certification Number:	Date Issued:	
Proof of Attendance for Level IB Advanced Fundamentals		
Date of attended approved Commission course:	Location:	Instructor/ Sponsor
Eligibility Requirements		
<p><i>Course and Exam: Level 1B Fundamentals (Certified Personnel) certification will take place upon completing at least 60 days of work experience in the field of erosion and sediment control, registering for and attending a Conservation Commission approved and posted "Advanced Fundamentals Seminar" (Level 1B), submitting the appropriate certification application form and obtaining a passing score of 70% on the Level 1B certification examination. In lieu of 60 days of work experience, an individual may obtain Level 1A certification.</i></p> <p><i>Exam Only: Level 1B Fundamentals (Certified Personnel) certification will take place upon completing at least 60 days of work experience in the field of erosion and sediment control, registering for and attending a Conservation Commission approved and posted Level 1B examination date, submitting the appropriate application form for review and approval by the Conservation Commission, providing proof of attendance from a Conservation Commission "Fundamentals of Erosion and Sediment Control Workshop" or equivalent Conservation Commission approved course within 3 years prior to the examination date, and obtaining a passing score of 70% on the Level 1B certification examination. In lieu of 60 days work experience, an individual may obtain Level 1A Certification.</i></p>		
Certification Statement		
<p><i>I hereby certify that I fully understand the eligibility requirements for Level IB: Fundamentals certification. The information submitted on this application is, to the best of my knowledge and belief, true, accurate and complete. I am aware that submitting false information may result in denial of certification.</i></p>		
Signature:	Date:	



The Application

- Please print all information in blue or black ink.
- **Name** – Last Name, First Name, Middle Initial
- **Date of Birth**
- **Last 4 digits of Social Security Number**
- **Home and work address**
- **Preferred mailing address** – Please mark which address you prefer to have the certification card and all future correspondence sent to.



The Application

- It is required that individuals have at least 60 days of experience for Level IB certification.
- Please fill in your employer, direct supervisor and date of hire.
- A Level IA certification may be used in lieu of experience, please fill in your certification number and the date it was issued.



The Application cont.

- Course Information- **Date: Today's Date**
Instructor: _____
- Please read the Eligibility Requirements.
- Please read the Certification Statement.
- **SIGN YOUR APPLICATION**

The Answer Sheet

ANSWER SHEET

Directions:

- Please use a No. 2 pencil only.
- Fill in bubble completely.
- Erase completely to change.



MARK CORRECTLY

1 Last Name		2 First Name		3 MI
S m i t h		L a u r e n		A
A	A	A	A	A
B	B	B	B	B
C	C	C	C	C
D	D	D	D	D
E	E	E	E	E
F	F	F	F	F
G	G	G	G	G
H	H	H	H	H
I	I	I	I	I
J	J	J	J	J
K	K	K	K	K
L	L	L	L	L
M	M	M	M	M
N	N	N	N	N
O	O	O	O	O
P	P	P	P	P
Q	Q	Q	Q	Q
R	R	R	R	R
S	S	S	S	S
T	T	T	T	T
U	U	U	U	U
V	V	V	V	V
W	W	W	W	W
X	X	X	X	X
Y	Y	Y	Y	Y
Z	Z	Z	Z	Z

4 ID Number				5 Exam Version
Month	Day	Year	Last 4 Digits of SSN	
<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input checked="" type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	1 13 25 2 14 26 3 15 27 4 16 28 5 17 29 6 18 30 7 19 31 8 20 9 21 10 22 11 23 12 24	19 78 1234 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9 0 0 0 0	1 1 2 2 3 3 4 4	

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D
26.	A	B	C	D
27.	A	B	C	D
28.	A	B	C	D
29.	A	B	C	D
30.	A	B	C	D
31.	A	B	C	D
32.	A	B	C	D
33.	A	B	C	D
34.	A	B	C	D
35.	A	B	C	D
36.	A	B	C	D
37.	A	B	C	D
38.	A	B	C	D
39.	A	B	C	D
40.	A	B	C	D
41.	A	B	C	D
42.	A	B	C	D
43.	A	B	C	D
44.	A	B	C	D
45.	A	B	C	D
46.	A	B	C	D
47.	A	B	C	D
48.	A	B	C	D
49.	A	B	C	D
50.	A	B	C	D



The Answer Sheet

- You must use a #2 pencil on the answer sheet.
- If you do not use a #2 pencil, your answer sheet will not be scored.
- All exam answers must be entered on the answer sheet.

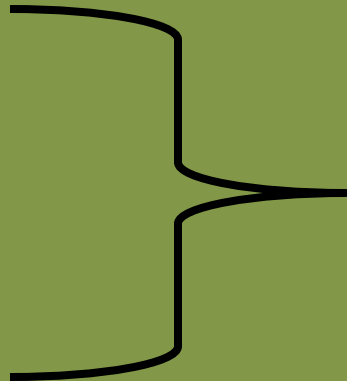


Completing the Answer Sheet

Using a #2 pencil

Make sure all bubbles are completely filled in

- Example: ● Correct



Incorrect



Completing the Answer Sheet

- **DO NOT** make any stray marks on the answer sheet.
- If you make a mistake you **MUST COMPLETELY ERASE** the incorrect response.



1 Last Name													
S	m	i	t	h									
A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

In box #1
Enter Your Last Name
Print 1 letter per box

Below the written letters,
darken the circle that has
the same letter you printed.

2 First Name																			
L	a	v	r	e	n														
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

In box #2

Enter Your First Name

Print 1 letter per box

**Below the written letters,
darken the circle that has
the same letter you printed.**



3
MI
A
●
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

In box #3
Enter Your Middle Initial
Print letter in box

Darken the circle that has the same letter you printed



ID NUMBER

- Your ID number is your Date of Birth and the last 4 digits of your Social Security number.
- Locate box #4 labeled ID Number.



Darken the circle next to the month you were born

4 ID Number												
Month		Day			Year		Last 4 Digits of SS#					
<input type="radio"/>	Jan	<input type="radio"/> 1	<input type="radio"/> 13	<input type="radio"/> 25	1	9	7	8	1	2	3	4
<input type="radio"/>	Feb	<input type="radio"/> 2	<input type="radio"/> 14	<input type="radio"/> 26								
<input type="radio"/>	Mar	<input type="radio"/> 3	<input type="radio"/> 15	<input type="radio"/> 27			<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/>	Apr	<input type="radio"/> 4	<input type="radio"/> 16	<input type="radio"/> 28			<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/>	May	<input type="radio"/> 5	<input type="radio"/> 17	<input type="radio"/> 29			<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input checked="" type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/>	Jun	<input type="radio"/> 6	<input type="radio"/> 18	<input type="radio"/> 30			<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input checked="" type="radio"/> 4
<input type="radio"/>	Jul	<input type="radio"/> 7	<input type="radio"/> 19	<input type="radio"/> 31			<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input checked="" type="radio"/>	Aug	<input checked="" type="radio"/> 8	<input type="radio"/> 20				<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/>	Sep	<input type="radio"/> 9	<input type="radio"/> 21				<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/>	Oct	<input type="radio"/> 10	<input type="radio"/> 22				<input type="radio"/> 8	<input checked="" type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/>	Nov	<input type="radio"/> 11	<input type="radio"/> 23				<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/>	Dec	<input type="radio"/> 12	<input type="radio"/> 24				<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0

Darken circle for the day you were born



4 ID Number			
Month	Day	Year	Last 4 Digits of SS#
<input type="radio"/> Jan	<input type="radio"/> 1 <input type="radio"/> 13 <input type="radio"/> 25	19	781234
<input type="radio"/> Feb	<input type="radio"/> 2 <input type="radio"/> 14 <input type="radio"/> 26		<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
<input type="radio"/> Mar	<input type="radio"/> 3 <input type="radio"/> 15 <input type="radio"/> 27		<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
<input type="radio"/> Apr	<input type="radio"/> 4 <input type="radio"/> 16 <input type="radio"/> 28		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4
<input type="radio"/> May	<input type="radio"/> 5 <input type="radio"/> 17 <input type="radio"/> 29		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
<input type="radio"/> Jun	<input type="radio"/> 6 <input type="radio"/> 18 <input type="radio"/> 30		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
<input checked="" type="radio"/> Aug	<input checked="" type="radio"/> 8 <input type="radio"/> 20		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
<input type="radio"/> Sep	<input type="radio"/> 9 <input type="radio"/> 21		<input checked="" type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> Oct	<input type="radio"/> 10 <input type="radio"/> 22		<input type="radio"/> 6 <input checked="" type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> Nov	<input type="radio"/> 11 <input type="radio"/> 23		<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<input type="radio"/> Dec	<input type="radio"/> 12 <input type="radio"/> 24		<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
			<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0

Enter the last 4 digits of your Social Security Number

Print the last 2 digits for the year you were born.

Darken the circle that has the same number you printed



Checking Your Exam Score

- If you receive a score of 70% or higher you will receive your certification card in the mail within 60 days.
- You may check your score on the Georgia Soil and Water Conservation Commission website: www.gaswcc.org. Please allow time for exams to be scored.
- Scores will be posted according to the ID number you created, your Date of Birth and last 4 digits of your Social Security number. Using MMDDYY#### format (0808781234).

If you do not receive communication regarding your certification in 60 days, contact the Education and Certification Program.

certification@gaswcc.org

706.542.1840



Once you are done

Please make sure that:

- Your application is completed and signed.
- You printed and signed your name on the front of your exam booklet.
- Your answer sheet has your name, ID number and the exam version boxes bubbled in.

Bring your photo ID, application/answer sheet and exam to the proctor.

Please bring all personal belongings with you when you turn in your exam.



The exam will be distributed momentarily

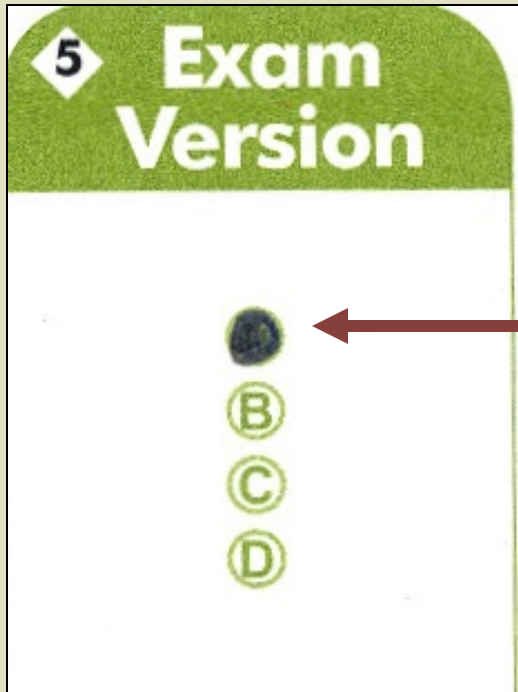
Please ask any application or answer sheet questions now.

Make sure all phones, pagers and electronic devices are turned off and cleared from desk- or your exam will not be scored



**Please DO NOT start
the exam until
instructed to do so.**

Exam Version



In Box #5 Exam Version

❖ Located on the top right hand corner of exam booklet.

EXAMPLE: Exam Version A

There are multiple versions of this exam.

If you do not mark the Exam Version box or mark it incorrectly your exam will be not be scored correctly.



Exam Instructions

Please follow along as the exam instructions are read.



Exam Instructions

- You must receive 70% or higher to receive certification
- Each question has only 1 right answer.
- You will have 1 hour to complete the exam.
- The exam is open course notebook.
- You must use a # 2 pencil on answer sheet. If a #2 pencil is not used, your answer sheet will not be scored.

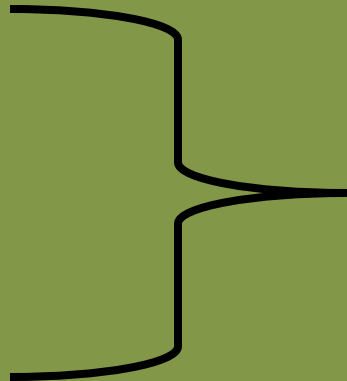


Completing the Answer Sheet

Using a #2 pencil

Make sure all bubbles are completely filled in

- Example: ● Correct



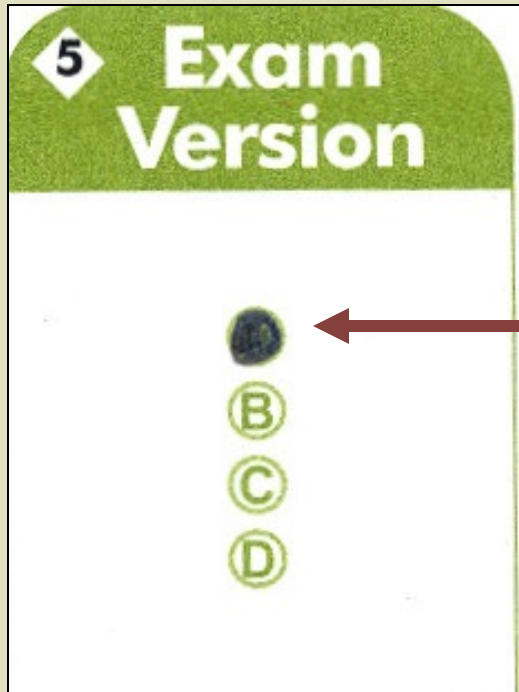
Incorrect

4

ID Number

Month	Day	Year	Last 4 Digits of SS#			
<input type="radio"/> Jan	<input type="radio"/> 1 <input type="radio"/> 13 <input type="radio"/> 25	1978	1	2	3	4
<input type="radio"/> Feb	<input type="radio"/> 2 <input type="radio"/> 14 <input type="radio"/> 26					
<input type="radio"/> Mar	<input type="radio"/> 3 <input type="radio"/> 15 <input type="radio"/> 27		<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> Apr	<input type="radio"/> 4 <input type="radio"/> 16 <input type="radio"/> 28		<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> May	<input type="radio"/> 5 <input type="radio"/> 17 <input type="radio"/> 29		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input checked="" type="radio"/> 3
<input type="radio"/> Jun	<input type="radio"/> 6 <input type="radio"/> 18 <input type="radio"/> 30		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input checked="" type="radio"/> 4
<input type="radio"/> Jul	<input type="radio"/> 7 <input type="radio"/> 19 <input type="radio"/> 31		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input checked="" type="radio"/> Aug	<input checked="" type="radio"/> 8 <input type="radio"/> 20		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> Sep	<input type="radio"/> 9 <input type="radio"/> 21		<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> Oct	<input type="radio"/> 10 <input type="radio"/> 22		<input type="radio"/> 8	<input checked="" type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> Nov	<input type="radio"/> 11 <input type="radio"/> 23		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> Dec	<input type="radio"/> 12 <input type="radio"/> 24		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0

Exam Version



In Box # 5 Exam Version

❖ Located on the top right hand corner of exam booklet.

EXAMPLE: Exam Version A

There are multiple versions of this exam.

If you do not mark the Exam Version Box or mark it incorrectly your exam will be not be scored correctly.



Exam Instructions cont.

- Your desk must be cleared of everything except the course notebook and exam materials.
- I have read and fully understand the above instructions.
- Please print and sign your name.



Once you are done

Please make sure that:

- Your application is completed and signed.
- You printed and signed your name on the front of your exam booklet.
- Your answer sheet has your name, ID number and the exam version boxes bubbled in.

Bring your photo ID, application/answer sheet and exam to the proctor.

Please bring all personal belongings with you when you turn in your exam.