

Level II Exam Only Session

Issued July 2006



Once the Exam Begins

- You will not be allowed to leave the room.
- Please make sure that you take care of any personal business before the exam begins.
- You must have a photo ID to take the exam.
- If you leave the room before completing the exam, it will not be scored.



During the Exam

- 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.



For the Exam

- Make sure you have a #2 pencil and a blue/black pen. Extra pens and pencils are available.
- Have a photo ID ready. **If you do not have photo ID you cannot take the exam.**
- An application /answer sheet.



APPLICATION AND EXAM PROCEDURES

The Application

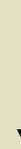
Plan Reviewer App



Certified Plan Reviewer Application for Exam Only Sessions Certification of Persons Involved in Land Disturbing Activity in Georgia General Information			
Please print in blue/black ink 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			
Level II Introduction to Design Proof of Attendance			
Date of Attendance	Location:	Instructor/Sponsor	
Experience			
It is required that plan reviewers have at least 6 months of experience in station and fieldwork control. In list of 6 months experience, you may obtain Level II Certification.			
Employer	Official Job Title	From Mo/Yr	To Mo/Yr
Level II Certification (if applicable)			
Certification Number:	Date Issued:		
Eligibility Requirements for Plan Reviewers			
Course and Exam: Introduction to Design Seminar Level II certification will take place upon completing at least 6 months' work experience in the field of erosion and sediment control, registering for and attending an approved and posted Conservation Commission "Introduction to Design" (Level II), submitting the appropriate application form for review and approval by the Conservation Commission, and obtaining a passing score of 70% on the Level II certification examination. In lieu of 6 months of work experience, an individual may obtain Level II certification.			
Exam Only: Completing at least 6 months of work experience in the field of erosion and sediment control, registering for and attending a Conservation Commission approved and posted Level II examination date, submitting the appropriate application for review and approval by the Conservation Commission, providing proof of attendance from a Conservation Commission "Design of Vegetative Measures and Structural Practices for Erosion and Sediment Control Workshop" or equivalent Conservation Commission approved course within three years prior to the examination and obtaining a passing score of 70% on the Level II certification examination. In lieu of 6 months of work experience, an individual may obtain Level II Certification.			
Certification Statement			
I hereby certify that I fully understand the eligibility requirements for Introduction to Design Seminar Level II 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.			
Signature:	Date:		



Design Professional App



Introduction to Design Seminar (Level II) Certified Design Professional Application for Exam Only Sessions Certification of Persons Involved in Land Disturbing Activity in Georgia General Information		
Please print in blue/black ink as it appears on professional licensure 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		
Proof of Attendance for Level II Introduction to Design		
Date of Attendance:	Location:	Instructor/Sponsor
Professional Licensure		
License Type:	License Number:	
Eligibility Requirements for Design Professionals		
Course and Exam: Introduction to Design Seminar Level II certification will take place upon registering for and attending a Conservation Commission approved and posted "Introduction to Design Seminar" (Level II), submitting the appropriate application form for review and approval by the Conservation Commission including proof of professional licensure by the State of Georgia in the field of engineering, architecture, forestry, geology, or land surveys per C/PESC, and obtaining a passing score of 70% on the Level II certification examination.		
Exam Only: Introduction to Design Seminar Level II certification will take place upon registering and attending a Conservation Commission approved and posted Level II examination date, submitting the appropriate application form for review and approval by the Conservation Commission including proof of professional licensure by the State of Georgia in the field of engineering, architecture, forestry, geology, landscape architecture, land surveys or C/PESC and providing proof of attendance from a Conservation Commission "Design of Vegetative Measures and Structural Practices for Erosion and Sediment Control Workshop" or equivalent Conservation Commission approved course within three years prior to exam date and obtaining a passing score of 70% on Level II certification examination.		
Certification Statement		
I hereby certify that I fully understand the eligibility requirements for Introduction to Design Seminar Level II 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.		
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 cont.

- **Proof of Attendance for Level II Introduction to Design**
 - » **Date of the Design Course you attended**
 - » **The location of the course**
 - » **The course sponsor / instructor**

Design Professionals - Please enter the type of license you hold and the license number.

Plan Reviewers- must have 6 months work experience . Please enter the employer, job title, start and end date reflecting 6 months experience. Start with the most recent position.



The Application cont.

- For Plan Reviewers a Level IB certification may be used in lieu of experience, please fill in your certification number and the date it was issued.
- 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	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
S m i t h				L a u r e n				A	
A A A A A A A A A A A A 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 B B B B B B B B B B B B B				C	
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4 ID Number				5 Exam Version	
Month	Day	Year	Last 4 Digits of SSN		
<input type="radio"/> Jan	1 13 25	19	7	8	<input type="radio"/> A
<input type="radio"/> Feb	2 14 26		1	2	<input type="radio"/> B
<input type="radio"/> Mar	3 15 27		1	1	<input type="radio"/> C
<input type="radio"/> Apr	4 16 28		2	2	<input type="radio"/> D
<input type="radio"/> May	5 17 29		3	3	
<input type="radio"/> Jun	6 18 30		4	4	
<input type="radio"/> Jul	7 19 31		5	5	
<input checked="" type="radio"/> Aug	8 20		6	6	
<input type="radio"/> Sep	9 21		7	7	
<input type="radio"/> Oct	10 22		8	8	
<input type="radio"/> Nov	11 23		9	9	
<input type="radio"/> Dec	12 24		0	0	



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 answer sheet.

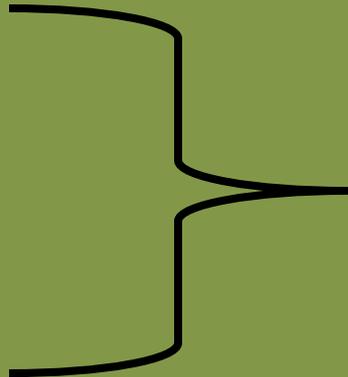


Completing the Answer Sheet

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.



3
MI
A
●
B
C
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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 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 checked="" type="radio"/>	Aug	<input checked="" type="radio"/> 8	<input type="radio"/> 20				<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"/>	Dec	<input type="radio"/> 12	<input type="radio"/> 24				<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
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<input type="radio"/> Nov	<input type="radio"/> 11 <input type="radio"/> 23		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
<input type="radio"/> Dec	<input type="radio"/> 12 <input type="radio"/> 24		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

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. Posted in the 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.

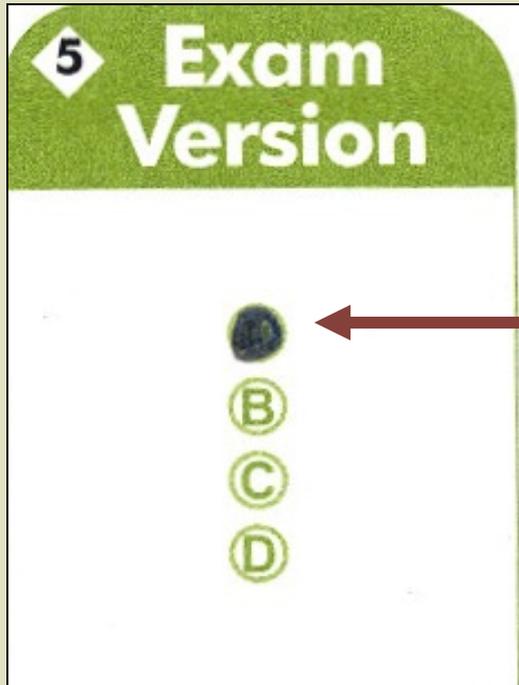
Please ask any application or answer sheet questions now.

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.

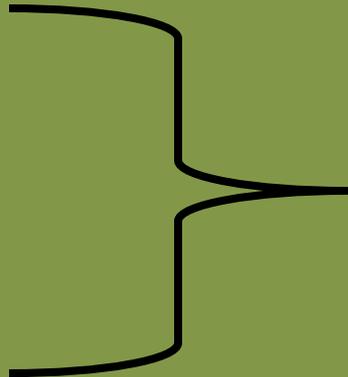


Completing the Answer Sheet

Using a #2 pencil

Make sure all bubbles are completely filled in

- Example: ● Correct



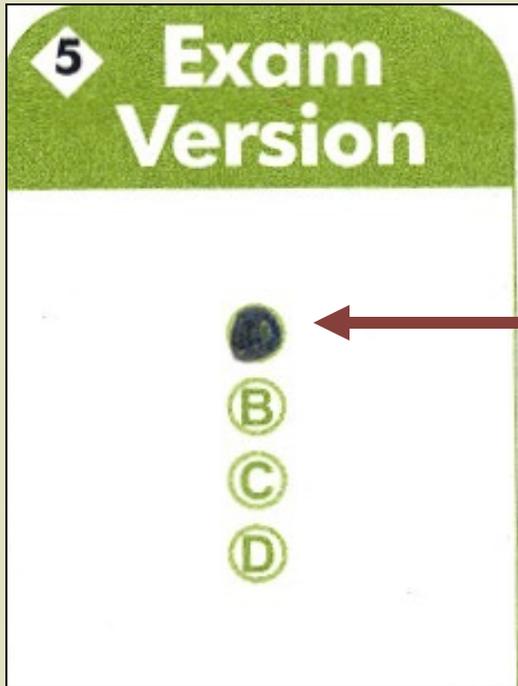
Incorrect

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.