

Peer Reviewer Background and Experience Form

Name _____

Firm Name _____ Established _____

Address _____

_____ ZIP _____

Phone _____ Ext. _____

Fax _____

E-mail _____

Previous Firm (if significant)

Professional Services Offered

| | Current Firm | Previous Firm(s) | Comments |
|--|--------------------------|--------------------------|----------|
| Geotechnical | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Drilling | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Materials Testing | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Environmental | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Phase I | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Phase II | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Phase III | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Brownfields | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Civil Engineering | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Environmental Science (Wetlands...) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Other _____

Your Position with This Firm _____

Summary of Key Responsibilities _____

Branch Offices No Yes _____

(How Many)

List Regions (Locations) and Sizes

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Areas of Personal Expertise

(Check all boxes that apply to your current position and business expertise.)

| | I primarily do this | I primarily manage this | I supervise firm's activities | I am aware of activities | No significant experience |
|------------------------------------|---------------------|-------------------------|-------------------------------|--------------------------|---------------------------|
| Business Management | | | | | |
| Facilities and Technical Resources | | | | | |
| Human Resources Management | | | | | |
| Professional Development | | | | | |
| Financial Management | | | | | |
| Project Management | | | | | |
| Marketing Practices | | | | | |
| Electronic Resources Management | | | | | |
| Image and Culture | | | | | |

Peer Reviewer Training

GBA Training Session(s) Attended: _____

Peer Review Experience

Has your current firm been Peer Reviewed?

Yes No

How many times? _____

Most recent (date) _____

Brief Statement about Benefits of Being Reviewed _____

Peer Reviews Completed (or see attached résumé)

| Name of Firm Reviewed | Team Captain | Peer Reviewer | Year |
|-----------------------|--------------|---------------|------|
| | | | |
| | | | |
| | | | |
| | | | |