

Statement of Professional Qualifications

Only qualified professionals may prepare Critical Areas Reports. VMC 20.150.040.E defines Qualified Professional as:

A person with experience and training in the pertinent scientific discipline, and who is a qualified scientific expert with expertise appropriate for the relevant critical area subject in accordance with WAC 365-195-905(4).

- A. Urban Forestry. Qualified professionals in urban forestry must have academic and field experience that makes them competent in urban forestry. This may include arborists certified by the International Society of Arboriculture, or foresters certified by the Society of American Foresters. Qualified professionals in urban forestry must possess the ability to evaluate the health and hazard potential of existing trees, and the ability to prescribe appropriate measures necessary for the preservation of trees during land development.
- B. Critical Areas. Qualified professionals in critical areas must have obtained a BS or BA or equivalent degree in biology, engineering, environmental studies, fisheries, geomorphology, or a related field, and two years of related work experience. In addition:
 - 1. A qualified professional for frequently flooded areas or a geologic hazard must be a registered professional engineer, geologist, engineering geologist, or hydrogeologist licensed in the State of Washington with experience in the analyses required for the relevant hazard(s).
 - 2. A qualified professional for wetlands must have a minimum of five years' experience in wetland science including experience preparing wetland reports for review by regulatory agencies.

I certify that:	
☐ I prepared the Critical Areas Report; and ☐ I am a Qualified Professional as defined by VMC 20.150.040.E for the following critical area(s): ☐ Fish and Wildlife Habitat Conservation Areas (VMC 20.740.110) ☐ Frequently Flooded Areas (VMC 20.740.120) ☐ Geologic Hazard Areas (VMC 20.740.130) ☐ Wetlands (VMC 20.740.140)	
Qualifications:	
Name:	Address:
Phone:	City/State/Zip:
Email:	
Signature:	Date:

Page **1** of **1** Revised 10/18/2024