

**EIA CONSULTANTS REGISTRATION SCHEME**



**FORM B: REFEREE ASSESSMENT**

**APPLICATION FOR REGISTRATION AS AN EIA CONSULTANT/TECHNICAL EXPERT/ ASSISTANT CONSULTANT**

**APPLICANT:**

---

---

---

**CATEGORY APPLIED:**

**ADDRESS:**

---

---

---

**TEL /FAX/ EMAIL:**

---

---

---

---

**Note: This form must be submitted to the Department of Environment directly in a sealed envelope by the referee.**

Referee name.	
Office address, tel, fax, email	
Profession.	
Do you fully understand the criteria and requirements needed to be registered?	

How long have you known the candidate in his/ her professional capacity?	
Describe your professional relationship with applicant.	
Do you think that the candidate meets the criteria and requirements?	
Based on professional judgment, do you think it is necessary for an interview to be conducted to clarify doubt or uncertainties as indicated in no 9?	
Please indicate any other observation or professional statement about the candidate.	
Signature & Date	

Thank you for your assistance. Information submitted is strictly confidential.

Please submit this form directly in a sealed envelope to:

**Environment Impact Assessment Registration Secretariat**  
**Department of Environment**  
**Ministry of Labour & Industrial Relations, Tourism and Environment**  
**P.O.Box 2109**  
**Government Buildings**  
**Suva**  
**Fiji**