


Indiana Board of Licensure for Professional Geologists

Verification of Registration

Applicant for licensure in Indiana, please complete the top portion and mail to any states in which current licensure or certification is held. The affiliate state board should complete the bottom portion and return to the address listed.

TO BE COMPLETED BY APPLICANT

	RETURN TO: INDIANA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS Indiana Geological Survey 611 N. Walnut Grove Ave. Bloomington, IN 47405 ATTN: LPG Coordinator Telephone: (812) 855-7428 Fax: (812) 855-2862	Date: _____
	_____	Name of Applicant _____
_____	_____	Street Address _____
Name of Licensing Agency _____	_____	City, State, Zip _____
_____	_____	_____ / _____
Street Address _____	_____	Date of Birth _____ License/Certification Number _____
_____	_____	_____
City, State, Zip _____	_____	_____

TO BE COMPLETED BY AFFILIATE STATE BOARD

Section 1.

License/Certification Number: _____ Date of Licensure/Certification: _____

Currently Licensed (yes) (no): _____ Expiration Date: _____

Section 2.

Basis of Registration

_____ ASBOG Examination (Scores: FG _____ PG _____)	_____ Education and Experience
_____ Grandfather Clause in Law	_____ Comity/Reciprocity
	_____ Other (please explain)

If registered by education and professional work experience, please explain minimum qualifications met to obtain licensure/certification.

Section 3.

Have any complaints been filed or has disciplinary action been taken against the applicant? (yes) ____ (no) ____ (If yes, explain on reverse.)

Signature: _____

Printed Name: _____ Board Seal

Title: _____

Date: _____