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 and Water Survey
611 N. Walnut Grove Ave.
Bloomington, IN 47405
ATTN: LPG Coordinator
Telephone: (812) 855-7428
Fax: (812) 339-8705

Date: ________________________________
Name of Applicant

Name of Licensing Agency

Street Address

City, State, Zip

Date of Birth License Number

TO BE COMPLETED BY AFFILIATE STATE BOARD

Section 1.
License/Certification Number: ____________
Currently Licensed (yes) (no): ____________

Date of Licensure/Certification: ____________
Expiration Date: __________________________

Section 2.

Basis of Registration

ASBOG Exam:
Scores: FG _____ Date Passed ________ PG _____ Date Passed ________

Grandfather Clause in Law _____ Comity/Reciprocity _____ Education and Experience* _____ Other (please explain)* _____

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

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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: ________________________________________
Title: ________________________________________________
Date: ________________________________________________