

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
1001 E. 10th Street
Bloomington, IN 47405
ATTN: LPG Coordinator
Telephone: (812) 855-7428
Fax: (812) 339-8705

Date: _____

Name of Applicant

Street Address

City, State, Zip

Date of Birth

License Number

Name of Licensing Agency

Street Address

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 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.

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: _____