



**South Carolina Department of Labor, Licensing and Regulation  
South Carolina Board of Registration for Geologists**

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4575 • [Contact.Geologists@llr.sc.gov](mailto:Contact.Geologists@llr.sc.gov) • Fax: 803-896-4554

[www.llr.sc.gov/POL/Geologists/](http://www.llr.sc.gov/POL/Geologists/)



**GEOLOGIST-IN-TRAINING REGISTRATION  
REQUIREMENTS AND INSTRUCTIONS – ELECTRONIC APP**

**Requirements**

- All applicants applying for a Geologist-In-Training Registration must have graduated from an accredited geologic curriculum of four or more years, with a minimum of 30 semester hours or 45 quarter hours in geology or geophysics, approved by the board. Applicants must pass the Fundamentals portion of the National Association of State Boards of Geology (ASBOG) examination.

**Include with your application:**

- Submit payment in the amount of \$75 (5-year registration fee) via credit card or electronic check. **All fees are non-refundable.** A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Upload a copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Upload a copy of your Social Security card
- Upload a Notarized Signature Affidavit form
- Upload a Notarized Verification of Lawful Presence form

**Have sent to the Board by issuing agency/individual:**

- Three (3) professional references submitted by geologists or engineers who have known the applicant a minimum of one year and can attest to applicant's character and reputation.
- College/university transcripts must be sent directly from the school or college to the Board in a sealed envelope.

You can submit these pages by either attaching them to the online application under the "Uploads" section OR by mailing them to the Board.

**Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.**

NOTE: Your application is good for one (1) year from the date of receipt. If all required information is not received within this period; you must begin the application process from the beginning. This includes, but is not limited to, all fees, transcripts, license verifications, etc.

After submitting your application, allow 24 hours to post. After it has posted, you may check the status at:  
<https://eservice.llr.sc.gov/SecurePortal/Login.aspx?ReturnUrl=%2fSecurePortal%2fIndex.aspx>



South Carolina Department of Labor, Licensing and Regulation  
South Carolina Board of Registration for Geologists

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4575 • [Contact.Geologists@llr.sc.gov](mailto:Contact.Geologists@llr.sc.gov) • Fax: 803-896-4554

[www.llr.sc.gov/POL/Geologists/](http://www.llr.sc.gov/POL/Geologists/)



**PROFESSIONAL REFERENCE**

**To be completed by Applicant:**

Name: \_\_\_\_\_ Social Security No. (Last four): XXX-XX-\_\_\_\_\_

**To be completed by Respondent:**

The above named applicant has applied for registration as a geologist in South Carolina under the provisions of Title 40 of the 1976 Code. The South Carolina Department of Labor, Licensing and Regulation Board of Registration for Geologists requires letters of reference to satisfy the Board as to the character, integrity and competence of the applicant. These letters of reference must be submitted by Professional Geologists or Engineers.

1. Your Profession: \_\_\_\_\_
2. Your number of years of experience: \_\_\_\_\_
3. Your professional registration/certification:
  - a. Type: \_\_\_\_\_
  - b. State: \_\_\_\_\_
  - c. Registration/Certification No.: \_\_\_\_\_
4. How long have you known the applicant? \_\_\_\_\_  
 Personally    Professionally
5. What has been your professional relationship with the applicant?  
 Employer    Supervisor    Co-worker    Other (Specify): \_\_\_\_\_
6. In your judgment would the applicant be suitable for registration based on:
 

Technical Competence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional Integrity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional Reputation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Integrity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you know of any instances where the applicant was guilty of illegal conduct or professional misconduct?  
 Yes    No   (If Yes, please explain on a separate sheet.)
8. \* Would you entrust the applicant with the responsibility for an important geological project involving life, health and welfare of the public?  Yes    No   (If No, please explain on a separate sheet.)
9. Please include additional information and comments which would amplify or clarify the items above. Attach additional sheets if necessary.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Not required for Geologist-in-Training Applicant

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

**Please submit this form to the Board at the above address.**



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Registration for Geologists

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4575 • [Contact.Geologists@llr.sc.gov](mailto:Contact.Geologists@llr.sc.gov) • Fax: 803-896-4554

[www.llr.sc.gov/POL/Geologists/](http://www.llr.sc.gov/POL/Geologists/)



**NOTARIZED SIGNATURE AFFIDAVIT**

**THIS FORM IS FOR USE WITH ELECTRONIC APPLICATIONS ONLY**

I, \_\_\_\_\_, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

{Seal}

You can submit this page by either attaching it to the online application under the "Uploads" section OR by mailing this page to the Board.

**Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.**



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
 being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)