



PROFESSIONAL GEOLOGIST BY ENDORSEMENT INSTRUCTIONS

This application is for those seeking initial registration with the Board by Endorsement.

Please do not complete this application if:

You hold a current license in North Carolina, Georgia and Virginia. South Carolina currently has reciprocity with these states. The agreement exempts testing only and is applicable only if the applicant has NOT passed the ASBOG examination but is registered in a reciprocal state and has the required work experience. Please complete the Application for Registered Professional Geologist by Reciprocity.

Endorsement Requirements

- Applicants for registration by endorsement must hold a current, active, and unrestricted license under the laws of another state or territory that had requirements that were, at the date of licensure, equivalent to the requirements in effect at the time of the application in South Carolina.
- All applicants applying for a Professional Geologist registration through endorsement 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; and provide proof to the board of five years of work experience (four years with a master's degree in geology).
- Submit [Employment Verification form](#)(s) showing a minimum of 5 years work experience in the field of geology after graduation from an approved college. Forms should be sent to present or previous employers for completion.
- Verification of Registration/Licensure forms must be forwarded directly to the Board's office from all states where you are registered as a Geologist.
- Official academic transcripts must be sent directly to the Board from the College or University. Transcripts must bear the seal of the institution and the signature of the Registrar. Transcripts may be emailed to Contact.Geologists@llr.sc.gov or sent via US Mail.



APPLICATION FOR REGISTERED PROFESSIONAL GEOLOGIST BY ENDORSEMENT

INSTRUCTIONS

Submit the following with your completed application to the above address:

- Check or money order only made payable to the SC Board of Registration for Geologists in the amount of \$200. **ALL FEES ARE NON-REFUNDABLE. NO CASH IS ACCEPTED.** *A returned check fee of up to \$30, or an amount specified by law may be assessed on all returned funds.*
- Copy of your valid Driver's License, State Issued ID or Passport.
- Copy of your Social Security card.
- [Notarized Verification of Lawful Presence Form](#)
- [Employment Verification form\(s\)](#).
- Documentation of legal name change, if applicable. (marriage certificate, divorce decree, court document.)

Have the documentation below sent directly to the Board

- Official College/University Transcripts
- Verification(s) of out-of-state registration.

APPLICANT INFORMATION

Full Legal Name: _____

Have you ever legally changed your name? Yes No Prior Name: _____

If yes, please submit legal documentation supporting the name change.

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(If different than above)

Phone: _____ Social Security No.: _____

Date of Birth: _____ Email Address (Required): _____

For Statistical Purposes Only: Gender: ☐ Female ☐ Male

EDUCATION

Official transcripts must be sent directly from the college to the Board. Transcripts may be emailed to Contact.Geologists@llr.sc.gov.

School Name: _____ Date of graduation: _____

City and State of school: _____ Degree earned: _____

RECORD OF LICENSURE

You will need to contact each state board where you are/were registered as a Geologist and request a license verification to be sent directly to the Board.

Have you ever held a professional geologist registration in S.C. or elsewhere? ☐ YES ☐ NO

List all states in which you have been registered as a professional geologist regardless of status: active, inactive, expired, etc.

State Registered	Registration Number	From (Mo./Yr.)	To (Mo./Yr.)

EMPLOYMENT HISTORY

List and describe, to a maximum of ten years, your professional practice in sequence, beginning with your most recent position. Employment Verification(s) Forms showing a minimum of 5 years work experience in the field of geology after graduation from an approved college should be sent to present or previous employers for completion and forwarded directly to the Board's office.

Dates	Employer Name	Supervisor's Name & Phone No.

BACKGROUND INFORMATION

If you answer yes to one of the below questions, you are required to include a written statement with your application and supporting documentation for the "Yes" answer. If you answer "Yes" to a conviction, you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.).

1. Have you ever been denied a professional license in this state or any other state or jurisdiction? YES NO
2. Have you ever had a business/professional or occupational license denied, reprimanded, restricted, suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this or any other state or jurisdiction? YES NO

3. Have you ever pled guilty or no contest to or been convicted of a felony or a non-felony crime of any kind? You need not disclose juvenile court convictions or pardoned or expunged crimes.

YES NO

ATTESTATION

I, _____, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing 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. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Geology in South Carolina.

Applicant Signature

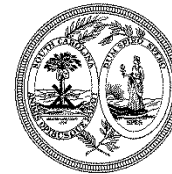
PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



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)



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 • Fax: 803-704-6772
llr.sc.gov/geo

EMPLOYMENT VERIFICATION

Completed form may be submitted by the applicant with the application or may be sent directly to the Board from the employer at the above address/email address.

To be completed by the applicant:

Applicant Name: _____

To be completed by employment verifier:

Name of Firm: _____

Business Mailing Address: _____

Business Phone: _____ Principal business of firm: _____

Immediate Supervisor of Applicant: _____

Title of Immediate Supervisor: _____

If Registered: Registration/License No.: _____ State of Registration: _____

EMPLOYMENT INFORMATION

Job Title(s) of Applicant: _____
(Attach separate sheet if additional space is needed.)

Average Hours Worked Per Week: _____ Employment Type: Full-Time Part-Time

Employment Dates From: _____ To: _____
Mo./Day/Year Mo./Day/Year

Describe the types of work performed by the employee:

Signature of Individual Completing Form

Title

Print Name of Individual Completing Form

Date

Telephone: _____