



VERIFICATION OF LICENSURE

To be completed by Applicant:

Name: _____ Registration/License No.: _____

Address: _____
Street City State Zip Code

To be completed by Responding Board:

Our records show the applicant named above:

1. Was registered on: (Date) _____
2. Registration No.: _____
3. Now holds a valid registration which will expire on: _____
4. Held a valid registration which expired on: _____
5. Was found to be qualified for registration on the basis of:

Our written exam: Passing Score: _____ Applicant's Score: _____

Is it your opinion that your state examination is equivalent to the National Examination (ASBOG)? Yes No

Oral Exam

National Examination: (Please include scores)

Fundamentals of Geology Principles and Practice of Geology

Education: _____ years; and experience of _____ years.

Comity/Reciprocity with _____
State

Grandfather Clause in Our Law

Other: _____

Date: _____

(SEAL)

Signed: _____

Title: _____

Address: _____

Telephone: _____

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