



## APPLICATION FOR REGISTRATION AS A PROFESSIONAL GEOLOGIST

### GEORGIA STATE BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS

237 Coliseum Drive  
Macon, Georgia 31217  
Phone (478) 207-2440

<http://www.sos.georgia.gov/plb/geologists/>

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Registered Professional Geologists in the State of Georgia. Visit the following website for information: <http://www.sos.georgia.gov/plb/geologists/>

#### **\*\*Important\*\***

**The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.**

#### **Application Checklist**

**THE FOLLOWING ITEMS MUST BE COMPLETED AND SUBMITTED TO THE BOARD OFFICE BY THE APPLICANT. PLEASE CHECK OFF EACH ITEM** as it is completed. This checklist will help you file a complete application.

**IF ANY ITEM IS MISSING, INCOMPLETE, OR INCORRECT, YOUR ENTIRE APPLICATION WILL BE RETURNED TO YOU. NO APPLICATIONS WILL BE ACCEPTED AFTER DEADLINE DATES LISTED ON THE NEXT PAGE OF THIS APPLICATION.**

\_\_\_\_\_ \$30.00 **non-refundable** application fee payable to the **Georgia State Board of Geologists**.

\_\_\_\_\_ Complete each question on the application; sign the application and have your signature notarized. All items on application should be typed or printed.

\_\_\_\_\_ Official college transcript showing degree, date awarded, and bearing the seal of the college or university must be submitted by the applicant with this application. Transcripts are required for all applicants for examination and for reciprocity.

\_\_\_\_\_ **Reciprocity Applicants** must complete Certificate of Licensure and send to the state board of original certification for verification of applicant's license status. The State board must complete form and return to applicant to be included with application to the Georgia Board office.

\_\_\_\_\_ An Employment Verification form for each employer listed for qualifying experience must be completed, signed by the applicant, the supervisor, and submitted to the Board office by the applicant with this application. (Employment verification required from applicants for Part II of the exam OR for reciprocal license).

\_\_\_\_\_ Read Geology law, rules and regulations.

**The Board cannot “FAX” or accept a “FAX” of any part of this application**

## **INFORMATION FOR APPLICANTS FOR GEOLOGISTS EXAMINATION**

Applicants for examination in Georgia now take the National Association of State Boards of Geology (ASBOG®) national examination for registration in Georgia. The Board believes that, since the ASBOG® examination is accepted widely as satisfying the examination requirement in other states, using the ASBOG® examination in Georgia will facilitate reciprocity for Georgia registered geologists.

The ASBOG® Examination consists of two parts. Part I, Fundamentals of Geology (FG), can be taken after the education requirement is completed. Part II, Practice of Geology (PG), can be taken after the experience, as well as educational, requirements are completed.

### **INITIAL APPLICANTS FOR EACH SECTION OF THE EXAMINATION**

#### **FEES (ALL FEES ARE NON-REFUNDABLE)**

Application Fee - **\$30.00** (made payable to the **Georgia State Board of Geologists**)

The application fee must accompany the application and must be made payable to the Georgia State Board of Geologists.

Examination Fee - **\$150.00 Part I, \$250.00 Part II** (made payable to **ASBOG®**) **There will be no deferrals and no refunds of examination fees.**

Do not send the examination fee with the application. Once the applicant is approved to take the examination, an Examination Order Form will be sent to the applicant with instructions on ordering and making payment for the examination. Checks for the Examination Fee must be made payable and sent directly to ASBOG® with the Order Form.

An Examination Information Booklet is available at ASBOG's® website [www.asbog.org](http://www.asbog.org).

#### **SCHEDULING NOTICES**

Candidates will receive notices scheduling them for the examination approximately two weeks prior to the examination. The notices will provide information concerning where and when the examination will be administered and an authorization for admission to the examination.

#### **GRADES**

The Board will send the grades to the candidates approximately 10-12 weeks after the examination.



(13) Were you ever denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license by any board or agency in Georgia or any other state?  YES  NO If YES, attach copy of order.

(14) **RECIPROCITY** The law provides that “a person holding a certificate to registration to engage in the practice of geology, on the basis of comparable licensing requirements issued to him by a proper authority of a state, territory, or possession of the United States or by the District of Columbia, and who, in the opinion of the Board otherwise meets the requirements of this chapter based on verified evidence may, upon application, be registered without further examination”.

List geological or other registrations, licenses, etc., which you hold, issued by any governmental body in or out of the State of Georgia. Reciprocity applicants must mail the enclosed Certificate of Licensure form to the State Board of original certificate. The Certificate of Licensure form must be submitted to the Georgia Board office by applicant with this application.

TYPE OF LICENSE	ISSUING AGENCY	DATE ISSUED	IS LICENSE CURRENT?

(15) The law requires that the applicant be a graduate of an accredited college or university approved by the Board, with either a major in geology, engineering geology, or geological engineering; or have completed 45 quarter hours (or equivalent) in geological science courses leading to a major in geology, of which at least 36 quarter hours (or equivalent) were taken in third or fourth year, or in graduate courses.

List below all colleges or universities attended. Official college transcripts showing degree and date awarded and bearing the seal of the college or university must be submitted by applicant to the Board office with this application.

NAME & LOCATION OF INSTITUTION	DATES ATTENDED	DATE OF GRADUATION	DEGREE RECEIVED

(16) **CANDIDATES WITH DISABILITIES:** The Board will provide reasonable accommodation to a qualified applicant with a disability in accordance with the Americans With Disabilities Act. The request for an accommodation by an individual with a disability must be made in writing and received in the Board office by the application deadline along with appropriate documentation, as indicated in the Request for Disability Accommodation Guidelines.

**PERSONS APPLYING FOR PART I ONLY NEED NOT COMPLETE SECTION 16 & 17 OF THE APPLICATION  
PLEASE SIGN AND NOTARIZE THE APPLICATION ON THE LAST PAGE**

The law requires that the applicant have at least seven (7) years of professional geological work, which shall include either a minimum of three (3) years of professional geological work under the supervision of a registered geologist, or a registered civil engineer, or other supervision acceptable to the Board. Each year of undergraduate study in geological sciences can count for one-half year of experience (maximum 2 years); each year of graduate study can count as one year of experience (maximum 2

years). A maximum of four (4) years experience credit from education is possible. Credit will not be granted for experience obtained concurrently with academic training when such academic training is used to count toward the experience requirement.

- (17) **PROFESSIONAL EXPERIENCE:** List your qualifying experience in geological employment in order, most recent first. If necessary, add extra pages. Submit a separate employment verification form with this application for each place of employment used as qualifying experience. If this cannot be done, please indicate why (death of owner/supervisor, company was sold, etc.).

DATES OF EMPLOYMENT	EMPLOYER NAME & ADDRESS	JOB DESCRIPTION & SUPERVISOR

The Board may consider "in lieu of the above professional geological work, the cumulative total of professional geological work of geological research of person teaching at the college or university or university level, provided such work or research can be demonstrated to be of sufficiently responsible nature to be equivalent to the professional requirements required..."

- ( ) **Check here if you wish to be considered under this provision and include a summary of your professional work with examples (geologically related).**

- (18) List number of years in (1) undergraduate study in the geological sciences and (2) undergraduate study or research which would count as additional qualifying experience beyond baccalaureate graduation.

NAME & LOCATION OF INSTITUTION	UNDERGRADUATE STUDY (YEARS)	GRADUATE STUDY (YEARS)

Occasionally, one's record on paper is not clear; therefore, more data may be required by the Board to assist in its deliberations. The law requires "the ability of the applicant shall have been demonstrated by his having performed the work in a responsible position as determined by the Board." The adequacy of the required supervision and experience shall be determined by the Board in accordance with the standards set forth in regulations adopted by it.

**APPLICANT AFFIDAVIT:**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires:

(To be mailed by applicant to the State Board issuing original certificate where applicant sat for previous examination)

**CERTIFICATE OF LICENSURE**

TO: \_\_\_\_\_ State Board of Geologists.

I am applying to the Georgia State Board of Registration for Professional Geologists for:

- Permission to sit for examination based on partial passage of the written examination as a candidate of your State.
- Licensure by Reciprocity
- Licensure by Transfer of Passing Grades

This is my authorization for the \_\_\_\_\_ Board to furnish to the Georgia Board all the information requested below. Upon completion of the Certification form, please forward to the applicant in a sealed envelope. Applicant must submit to the Georgia Board office with application.

\_\_\_\_\_  
Name of Applicant (type or print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Applicant

**CERTIFICATION OF \_\_\_\_\_ STATE BOARD OF GEOLOGISTS**

Our records indicate that the person named above:

- (1) Was Issued License Number \_\_\_\_\_  
Original Date of Issuance \_\_\_\_\_  
Current Expiration Date \_\_\_\_\_
- (2) Method of Licensure \_\_\_\_\_

Was applicant required to pass a written examination?

YES (If Yes, please give dates and scores of exam)       NO

Date of Exam \_\_\_\_\_ Scores and name of Each Exam \_\_\_\_\_

- (3) Has applicant ever been warned, reprimanded, or had a license suspended or revoked?

YES (If yes, please explain)       NO

Does applicant's file contain any information, which may be a discredit?

YES (If yes, please explain)       NO

BOARD Signature \_\_\_\_\_

SEAL Title \_\_\_\_\_

Date

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**GEORGIA STATE BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS**  
237 Coliseum Drive  
Macon, GA 31217  
478/207-2440

**EMPLOYMENT VERIFICATION**

- (1) Applicant's Name \_\_\_\_\_
- (2) Applicant's Address \_\_\_\_\_  
\_\_\_\_\_ Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_
- Daytime Phone No. \_\_\_\_\_
- (3) Firm Name \_\_\_\_\_
- Address \_\_\_\_\_
- Business Phone Number \_\_\_\_\_
- (4) Immediate Supervisor \_\_\_\_\_
- License # \_\_\_\_\_ State \_\_\_\_\_ Type of License \_\_\_\_\_
- (5) Job Title of Applicant \_\_\_\_\_
- (6) Full description of the kind of work performed by applicant. If more space is needed, include additional pages, and have each page signed by supervisor.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (7) Principal Business of Firm \_\_\_\_\_
- (8) Total Years Worked \_\_\_\_\_ Average Hours Worked Per Week \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- (9) Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

I hereby solemnly swear under penalties of perjury that all the statements made by me (and the pages attached) are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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I hereby certify that the information furnished by the Applicant in the certification above is accurate.

\_\_\_\_\_  
Name of Supervisor (Please print or type)

\_\_\_\_\_  
Signature of Supervisor (As identified in Item #4)

\_\_\_\_\_  
Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

SEAL

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

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If Supervisor wishes to make additional comments regarding the applicant's work performance, these should be mailed under separate letter and sent directly to the Board Office.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name \_\_\_\_\_

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia State Board Of Registration For Professional Geologists (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

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

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_\_ Working with mentally disabled

\_\_\_\_ Working with elder care

\_\_\_\_ Working with children