

**-STOP-**

Before filling out and submitting this application, please contact BTR licensing staff at 602-364-4930 to confirm that this is the appropriate application for you.

# **GEOLOGIST**

## **INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR WAIVER OF ASBOG PROFESSIONAL EXAMINATION**

**NOTICE: KNOWINGLY MAKING A FALSE STATEMENT IN CONNECTION WITH YOUR APPLICATION MAY BE CAUSE FOR DENIAL OF YOUR APPLICATION AND/OR REFERRAL FOR CRIMINAL PROSECUTION.**

Please review the Arizona Board of Technical Registration (AZBTR) **Rules** and **Statutes** on the website carefully. They establish the requirements for examination and explain Board procedures. It is very important that you become thoroughly familiar with the Statutes and Rules. A violation of any of the provisions of the law or rules may be cause for disciplinary action against a registrant.

- Complete each section of the application following instructions on the form and in Rule R4-30-203.
- Print the required information neatly or use a word processor. Be sure to sign it. If you require additional space, please attach a supplemental sheet of paper.
- The information on this website provides answers to the most frequently asked application related questions. All requests for information relating to your application status should be made **in writing**.

Once the AZBTR receives a properly completed application, an application number will be assigned and a file established. **No refunds** will be made. It is your responsibility to ensure that your application is correct and complete. A completed application includes the following:

- Application with all questions answered, signed and dated
- A signed check or money order in the amount of \$100.00 for the application fee
- Completed, signed and dated “ Arizona Statement of Citizenship” form and supporting documentation
- Military status form
- Verification of passed FG exam
- Must provide verification of licensure/registration from all registered states
- Official college transcripts, if applicable
- Three (3) Certificates of Experience forms (COEs)
- Any applicable disciplinary or criminal documents – see further instructions

**An applicant for waiver of the professional examination must have graduated from a degree program approved by the Board and be able to demonstrate 12 years of experience directly related to the practice of geology following graduation OR provide verifiable documentation that the applicant has had an active professional registration in another jurisdiction for 10 of the last 15 years. The 10 years of practice must have been in one jurisdiction rather than a combination of experience in multiple jurisdictions. A.R.S. § 32-126(A)(3)**

### **Application supporting documentation for education, experience and examination**

- The Board will maintain all documentation submitted (prior to applying) for a maximum of one year.
- Documentation from a previously submitted application will not be used for a new application.

# **GEOLOGIST**

## **INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR WAIVER OF ASBOG PROFESSIONAL EXAMINATION**

- Transcripts: Arrange to have copies of certified transcripts for all educational credit claimed sent **directly from the Registrar**. Electronic transcripts should be sent directly to your designated Licensing Specialist or to Licensing@azbtr.gov. The AZBTR will accept an education equivalency evaluation from a Board approved entity in place of official transcripts for foreign education. The evaluation must contain the applicant's graduation date. If a graduation date is not listed then official transcripts will be required. Please refer to A.A.C. R4-30-208 to determine the education allocation that may be applied to your degree.
- Verification of previous professional registration and/or fundamentals examination must be submitted to the AZBTR directly from the Board of jurisdiction. The applicant is responsible for requesting the verification from the Board of jurisdiction and is responsible for any fees required for verification of registration/exam.
- Verification of previous professional registration must be submitted to the AZBTR directly from the Board of jurisdiction. The applicant is responsible for requesting the verification from the Board of jurisdiction and is responsible for any fees required for verification of registration/exam.
- Three Certificates of Experience Record and Reference forms must be **submitted directly to the Board from the applicant's current or former supervisors** who are registered in the same profession for which the applicant is applying to demonstrate that the applicant meets the experience criteria for registration. The applicant is responsible for completing Section A of the form and mailing at least three forms to the present and past supervisors. The sum of the four categories in the "Detailed Summary of Qualifying Experience" section of the form must total the amount (in months) of your employment with that particular company. The supervisors must complete Section B of the form and send all pages directly back to the Board. The Board will not accept forms that are submitted by the applicant and will not accept old forms previously submitted to this or any other jurisdiction. Forms may be sent directly to your designated Licensing Specialist or to Licensing@azbtr.gov.
- Supervisors must complete a minimum of two of the three Certificate of Experience Record and Reference forms. If the applicant cannot provide at least two Certificate of Experience Record and Reference forms completed by supervisors, the applicant can submit a letter of explanation on why that requirement cannot be met and three Certificate of Experience and Record forms submitted by professional references for consideration. Please note that submission of these alternate forms will be considered, but may not be accepted as demonstrating necessary experience.
- Registered Professionals in the applicant's specific field must complete a minimum of two of the three Certificate of Experience Record and Reference forms. If the third reference is not registered in the applicant's specific field, is not registered at all, or is registered in a foreign jurisdiction, he or she must submit their personal resume.

# **GEOLOGIST**

## **INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR WAIVER OF ASBOG PROFESSIONAL EXAMINATION**

- If you have had any license or registration disciplined in Arizona or another jurisdiction, you must provide a copy of the Order. If you have been charged or convicted of a criminal offense, you must have the police record and court order sent to the AZBTR directly by the court of jurisdiction.

An application is not considered “administratively complete” until all of the verifying documentation has been received. You will receive a notice from the Board via regular mail when your application is received. If you do not receive a confirmation within two weeks, you are welcome to contact your licensing specialist by email. Please refer to the “About Us” “Staff” section on the website to obtain the email for your assigned licensing specialist. Application assignments are made based on the first letter of the applicant’s last name.

Please refer to:

- A.R.S. §32-122.01
- A.R.S. §32-126
- A.A.C. R4-30-201
- A.A.C. R4-30-203
- A.A.C. R4-30-208
- A.A.C. R4-30-244



**State of Arizona**  
**BOARD OF TECHNICAL REGISTRATION**

1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007 (602)364-4930 FAX: (602)364-4931 https://btr.az.gov/

**APPLICATION FOR WAIVER OF ASBOG PRACTICE OF GEOLOGY EXAM**

PLEASE TYPE OR PRINT LEGIBLY

APPLICATION FEE \$100.00

**1. GENERAL INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (mandatory) \_\_\_\_\_

Citizenship or Legal Residence: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt/Suite/Unit \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Tel. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City, State, Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Tel. # \_\_\_\_\_

Email: \_\_\_\_\_

If you have been legally known by another name(s) list here with explanation and provide documentation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. BACKGROUND/DISCIPLINE**

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) *and related official documentation*. The board will verify your answers by searching public records databases and if it learns that you answered any of the following questions incorrectly you may be denied access to take the exam and/or registration in Arizona.

Please refer to the ["Important Notice to Applicants"](#) in the Instructions.

- |  |     |    |
|--|-----|----|
| 1. Have you ever been the subject of professional disciplinary action, including license denial, or do you now have such action pending against you in any state or jurisdiction (including Arizona)?                                    | Yes | No |
| 2. Have you ever been convicted of a criminal offense, including a misdemeanor such as a DUI? Even if on appeal, you must disclose. ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported) | Yes | No |

**Internal Use Only**

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Criminal History Check Completed	
No Further Action Required	<input type="checkbox"/>
Further Information Required	<input type="checkbox"/>
Initials: _____	
Date: _____	

**3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS**

(Please Provide Verification of passing exam issued by any state/jurisdiction)

**Exams Taken**

FG State(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

**Must provide documentation of registration as a Geologist in a jurisdiction for at least 10 of the last 15 years.**

Professional Registry/Certifications (Please provide complete list).

Profession	State/ jurisdiction	Year Reg./Cert.	Reg./Cert.#	How registered/certified - (exam, education and experience, etc.)	Hrs. of Written exam	Active/ Canceled

**4. EDUCATION (if applicable)**

ALL EDUCATION RELEVANT TO THIS APPLICATION MUST BE VERIFIED BY CERTIFIED TRANSCRIPTS FORWARDED DIRECTLY FROM THE REGISTRAR'S OFFICE OF THE COLLEGE OR UNIVERSITY ATTENDED. AN APPLICANT FOR WAIVER OF THE ASBOG PRINCIPLES AND PRACTICE EXAM MUST HOLD A BACHELOR'S DEGREE IN GEOLOGY APPROVED BY THE BOARD

Name and Location of Institution	Years: From-To	Date Graduated	Major/Minor	Type of Degree
	TO			
	TO			
	TO			

**5. EXPERIENCE RELATED TO THE FIELD OF APPLICATION**

The applicant's current and former employers must verify all experience on the Certificate of Experience Record and Reference forms provided them. Experience must be gained in accordance with A.R.S. 32-122. If experience was not gained under a registrant, provide your supervisor's resume along with the Certificate of Experience Record and Reference form. *If you cannot supply the names and addresses of three supervisors for at least three engagements, you must provide to the Board a written, sworn statement explaining the inability to provide this information.*

**Must provide documentation of active professional engagement in Geology in a jurisdiction for at least 10 of the last 15 years.**

List experience below starting with your current employer:

<b>Employment Dates:</b> From mm/yyyy To mm/yyyy	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From mm/yyyy To mm/yyyy	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From mm/yyyy To mm/yyyy	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

<b>Employment Dates:</b> From mm/yyyy To mm/yyyy	<b>Job Title:</b>
<b>Name And Current Address Of Employer:</b>	
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>
<b>Average Number Of Hours Worked Weekly:</b>	

Applicant Name \_\_\_\_\_

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### 6. REFERENCES

If you are unable to provide the names and addresses of supervisors for at least three engagements, provide an explanation in the space below the table, and list the names and addresses here of three personal references unrelated to you, at least two of whom shall be registered or certified in the profession in which registration/certification is sought. Have your references verify your qualifications on the Certificate of Experience Record and Reference form. References must be available to attest to good moral character and reputation of the applicant.

Name	Address and Telephone Number	Position

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### 7. CERTIFICATION/RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

The Board will verify your answers by searching public records databases. If the Board determines that any of your answers are incorrect you may become the subject of an investigation.

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

\_\_\_\_\_  
Date

**Making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.**

Arizona Revised Statutes ("A.R.S.") 41-1030(B) states that "[a]n agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition."

A.R.S. 41-1030(D) states that "[t]his section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section."

A.R.S. 41-1030(E) states that "[a] state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy."

A.R.S. 41-1030(F) states that "[t]his section does not abrogate the immunity provided by section 12-820.01 or 12-820.02."





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**PREVIOUSLY SUBMITTED DOCUMENTS AFFIRMATION FORM**

If you submitted an application to the Board previously, you may submit this form with your new application to request that the Board reuse documents provided with the previous application.

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I request that the Board reuse the following documents for the application attached.

- “Architect Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
- “Engineer Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
- “Geologist Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
- “Land Surveyor Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
- “Landscape Architect Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
- Certified Transcripts previously provided in application  
# \_\_\_\_\_.
- License/Exam Verification(s) from other states and jurisdictions previously provided in application  
# \_\_\_\_\_.
- “Arizona Statement of Citizenship and Aliens Status for State Public Benefits” form previously provided in application # \_\_\_\_\_.
- Copy of a Government issued photographic identification previously provided in application  
# \_\_\_\_\_.

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By signing, I affirm that I understand that the Board must consider its Record Retention Schedule and Confidentiality Laws (ARS 32-129), among other things, when determining my request, that the Board has the authority to deny my request and, if denied, I will be responsible for any missing documentation.

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

\_\_\_\_\_  
Date

**ARIZONA STATEMENT OF CITIZENSHIP AND  
ALIEN STATUS FOR STATE PUBLIC BENEFITS**  
Arizona State Board of Technical Registration

A.R.S. § 41-1080 provides that, with certain exceptions, an agency or political subdivision of this state shall not issue a license to an individual if the individual does not provide documentation of citizenship or alien status by presenting documentation to the agency or political subdivision indicating that the individual's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, IV and either Section II or III.

**SECTION I - APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF APPLICATION (check one):     INITIAL APPLICATION     RENEWAL

TYPE OF LICENSE \_\_\_\_\_

**SECTION II – I am Providing Documentation Pursuant to ARS 41-1080(A)**

Please indicate below which document you are providing to the Board. Pursuant to ARS 41-1080(E), if the document you provide to the Board does not include a photograph, you will be required to provide a government issued document that does contain your photograph in addition to the document you are submitting to the Board pursuant to ARS 41-1080(A). Please provide a copy of the document(s) with your application.

- 1. An Arizona driver license issued after 1996 or an Arizona nonoperating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States.
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.
- 13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

SECTION III – I am exempt from providing documentation pursuant to ARS 41-1080(B)

If you complete this section, you are required to provide proof to the Board validating your exemption from the requirements of ARS 41-1080(A).

I acknowledge that I am exempt from providing documentation pursuant to ARS 41-1080 for the following reason:

- Pursuant to ARS 41-1080(B)(1):  
I am a citizen of a foreign country or I am currently residing in a foreign country, AND  
The benefits that are related to the license do not require me to be present in the United States in order to receive those benefits.

Please indicate the document you are providing to the Board to establish that you are a citizen of a foreign country or are residing in a foreign country. The document need not include a photograph.

Document: \_\_\_\_\_

- Pursuant to ARS 41-1080(B)(2):  
I am a resident of another state, AND  
I hold an equivalent license in that state to the one I am applying for in Arizona, AND  
I seek the Arizona license to comply with Arizona’s licensing laws and not to establish residency in Arizona.

Please indicate the document you are providing to the Board to establish that you are a resident in another state and that you hold a license in that state that is equivalent to the one you are applying to in Arizona. The document need not include a photograph.

Document: \_\_\_\_\_

SECTION IV – Declarations

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

FOR RENEWAL APPLICATIONS ONLY:

Pursuant to ARS 41-1080(C), if you have affirmatively established citizenship of the United States or a form of nonexpiring work authorization issued by the federal government through one of the 13 documents requested in Section I, on renewal or reinstatement of a license, you are not required to provide subsequent documentation of that status.

Pursuant to ARS 41-1080(D), if, on renewal or reinstatement of a license, you hold a limited form of work authorization issued by the federal government that has expired, you shall provide documentation of that status.



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## Military Status - A.R.S. § 32-4304(A)(4)

Effective July 1, 2022, a regulating entity that issues an occupational or professional license shall “track veteran and military spouse status of applicants”. All state agencies shall report the information to the Governor’s office on an annual basis.

It is requested that you provide the following information in order for the Arizona Board of Technical Registration to comply with A.R.S. § 32-4304(A)(4):

Are you active duty military?

yes

no

I do not wish to answer

Are you a veteran?

yes

no

I do not wish to answer

Are you the spouse of an active duty military individual?

yes

no

I do not wish to answer

Are you the spouse of a veteran?

yes

no

I do not wish to answer



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Dear Reference:

In order to complete the application process, please complete and return requested information on the applicant indicated. Your responses will be kept confidential. To assist you in making your determination and recommendation on the applicant's qualifications, this office has secured from the applicant, and maintains in his/her file, the following Authorization and Release, properly signed:

**AUTHORIZATION AND RELEASE**

**"I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."**

We request that you complete and return the enclosed form promptly so that the Board may act upon the application of this candidate. Thank you for your cooperation.

Sincerely,

  
Judith Stapley, Executive Director



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**Geologist Certificate of Experience Form**

Applicant Name: \_\_\_\_\_

**SECTION A**

(To be completed by Applicant)

Employer Name, Address, and Telephone \_\_\_\_\_

Your Job Title \_\_\_\_\_

Your Supervisor/Reference Name and Job Title \_\_\_\_\_

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker  Client  Other  Explain: \_\_\_\_\_

**DETAILED SUMMARY OF QUALIFYING EXPERIENCE**

Note: The detailed summary should include a description of the projects you worked on and a breakdown of time spent by category of experience. Please use next page to adequately detail your experience.

Employment Dates: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (These dates should match the dates observed by supervisor/reference on Section B)

Approximate Number of Hours Worked Weekly \_\_\_\_\_

Experience Activity:

Activity	Total Months
Consultation (R4-30-242)(B)(1)	
Evaluation (R4-30-242)(B)(2)	
Supervision of Exploration (R4-30-242)(B)(3)	
Administration (R4-30-242)(B)(4)	
Editing or Writing (R4-30-242)(B)(5)	
Engineering (R4-30-242)(B)(6)	
Sub-Professional Experience (R4-30-242)(B)(7)	
<b>Grand Total (sum for all activities - should equal same # of months as employment dates listed above)</b>	

Detailed Work Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

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

Applicant Name \_\_\_\_\_

Supervisor/Reference please initial here \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Detail of Experience**

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Applicant Name: \_\_\_\_\_

**SECTION B**

(To be completed by supervisor/reference)

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a license to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required. Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgment, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates.

**If you are not a professional registrant, you must include your resume.**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_

Your job title at the time you supervised/knew the applicant \_\_\_\_\_

Have you personally supervised and examined the applicant's work? Yes  No   
Does the information presented by the applicant accurately reflect his/her experience? Yes  No   
(If "No" or "Don't Know," please explain.) Don't Know

Give the dates you observed the applicant performing professional duties, either directly or indirectly.

Date: From \_\_\_\_\_ To: \_\_\_\_\_ Directly/ Indirectly

How long have you known this applicant? \_\_\_\_\_

Is this applicant related to you by blood or marriage? Yes  No

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

**Please include any remarks you have regarding this applicant on a separate piece of paper and submit with this form.**

Do you believe the applicant is qualified for registration? Yes  No   
(If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know

I affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action. Enter NA under Registration# if you are not a professional registrant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Geologist Professional Registration# \_\_\_\_\_

Issue Date \_\_\_\_\_ State \_\_\_\_\_

**Place imprint of seal in the space to the right.**