



State of Arkansas

BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS
501 Woodlane, Suite 105 C
Little Rock, AR 72201

PHONE: (501) 683-0150

www.pgboard.ar.gov

VERIFICATION OF LICENSURE/REGISTRATION

INSTRUCTIONS:

1. This form is used ONLY by applicants for Professional Geologists registration for the purpose of endorsement: i.e., applicant MUST be registered in another state.
2. It is the responsibility of the applicant to request the necessary verification. Part I is completed by the applicant, Part II is completed by the regulatory Board where the applicant is licensed, then returned directly to the Arkansas Board.

PART I: THIS PORTION TO BE COMPLETED BY APPLICANT	
TO: _____ <i>(State Board receiving form)</i>	RE: _____ <i>(Name of applicant)</i>
ADDRESS:	
_____	_____
<i>(Street Address)</i>	<i>(Street Address)</i>
_____	_____
<i>(City) (State) (Zip)</i>	<i>(City) (State) (Zip)</i>
PHONE # _____	_____
	<i>(Signature)</i>
DATE OF INITIAL REGISTRATION: _____	LICENSE/REGISTRATION # _____

PART II: THIS PORTION TO BE COMPLETED BY REGULATORY BOARD	
A. WAS APPLICANT EVER REGISTERED? Yes ___ No ___ If yes, Date? _____	
B. IS STATUS CURRENT? Yes ___ No ___	
C. REQUIREMENTS FOR REGISTRATION WERE:	
1 ASBOG EXAM _____	
Fundamentals _____ Practice _____ (Scores)	
2 GRANDFATHER: _____	
3 OTHER: _____	

D. HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST THIS APPLICANT?	
YES _____	(DETAILS) _____ NO _____

E. SIGNATURE: _____	
TITLE: _____	
DATE: _____	