

## 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 requesting Board.

### PART I: THIS PORTION TO BE COMPLETED BY APPLICANT

TO: <u>AR Board of Registration for Prof. Geol.</u> (State Board completing form)	RE: _____ (Name of applicant)
ADDRESS:	
_____ (Street Address)	_____ (Street Address)
_____ (City)                      (State)                      (Zip)	_____ (City)                      (State)                      (Zip)
PHONE # _____	_____ (per letter) (Signature)
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: Education and Experience _____ _____ _____
D. HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST THIS APPLICANT? YES _____ (DETAILS) _____ NO _____ _____ _____ _____
E. SIGNATURE: _____ TITLE: _____ DATE: _____

Nov-02 (BOARD SEAL)