

STATE OF ARKANSAS BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS

3815 West Roosevelt Rd
Little Rock, Arkansas 72204
(501) 683-0150
www.pgboard.ar.gov

APPLICATION FOR REGISTRATION AS A PROFESSIONAL GEOLOGIST

---Application fee of \$20.00 must accompany application---

I am applying for: Geologist____ Geologist-in-Training____ Temporary Permit _____
(Complete pages 1, 4 & 5)

NAME (as it will appear on certificate)

Last, First, Middle SS # _____

BUSINESS NAME & ADDRESS: _____

City State Zip

PRESENT POSITION: _____

RESIDENCE ADDRESS: _____

City State Zip

TELEPHONE: BUSINESS: _____ HOME: _____

DATE OF BIRTH: _____ CITIZENSHIP: _____
Month/Day/Year

CHECK PREFERRED MAILING ADDRESS: Business _____ Residence _____

Email Address: _____

Geologic Specialty – Please circle one of the following: Academia Cartography Coal Consulting
Economic Environmental Exploration General Geochemistry Geological Engineering
Geomorphology Geophysics Geotechnical Governmental Hydrology Land Management
Management Marine Geology Mineralogy Mud Logging Paleontology Petroleum Petrology
Reclamation Remote Sensing/GIS Seismic Stratigraphy / Sedimentology Structural Subsurface

Have you ever been convicted of a felony? _____ If yes, explain fully on a separate sheet.

List state(s) in which you are now registered as a professional geologist: _____

Have you ever had an application for professional registration, certification, or license denied,
suspended, or revoked? _____ If yes, give dates, by whom, and reason for denial: _____

EDUCATION: Please have a certified transcript mailed to the Board.

List number of years in (1) undergraduate study in the geosciences; and (2) graduate study or research, which could count as additional qualifying experience.

(a) STUDIES

Name and location of College or University	Dates attended To/ From	Credit Hours Sem. or Qtr.	Degree Received	Year Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) List short courses, seminars, training programs, dates, instructors, or other educational experiences not included in (a) which might assist the Board in assessing your educational background:

(c) Major field of study at highest level of college work: _____

TEACHING OR RESEARCH (College or University)

Name and location of College or University	From	To	Subject or Project (explain)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL EXPERIENCE: List your experience in geological employment, starting with your most recent assignment and listed in reverse chronological order. Time should be calculated in years and months. Experience of less than a full month will not be counted. (Note: After location, give location of work. Address of employer should be that of home or head office. If immediate supervisor is now elsewhere, give present address, if possible.)

EMPLOYER _____ **LOCATION** _____

Address _____ Date started _____

Date ended _____

TOTAL EMPLOYMENT TIME: _____ YEARS _____ MONTHS

Position held _____

Description of work duties and extent of responsibility _____

SUPERVISOR _____ Reg. # _____

Address _____

Telephone # _____

EMPLOYER _____ **LOCATION** _____

Address _____ Date started _____

Date ended _____

TOTAL EMPLOYMENT TIME: _____ YEARS _____ MONTHS

Position held _____

Description of work duties and extent of responsibility _____

SUPERVISOR _____ Reg. # _____

Address _____

Telephone # _____

EMPLOYER _____ **LOCATION** _____

Address _____ Date started _____

Date ended _____

TOTAL EMPLOYMENT TIME: _____ YEARS _____ MONTHS

Position held _____

Description of work duties and extent of responsibility _____

SUPERVISOR _____ Reg. # _____

Address _____

Telephone # _____

Submit copies of geologic registrations or licenses which you hold by any governmental body in or out of the State of Arkansas. Do not include certifications, etc., issued by any professional society or association.

I understand under penalty of perjury or loss of license that the information on this application or any appended sheets is true and correct.

SIGNATURE OF APPLICANT _____

DATE _____