

WYOMING BOARD OF PROFESSIONAL GEOLOGISTS

2617 E. Lincolnway, Cheyenne, Wyoming 82001
 Telephone: (307)742-1118

APPLICANT FILE NO. _____

(A faxed or scanned copy of this application form will not be accepted.)

APPLICATION FOR LICENSING

APPLICATION FOR: Please submit the original of this form. Check the appropriate box(es) below.

- PROFESSIONAL GEOLOGIST LICENSURE (Complete all sections)
- GEOLOGIST-IN-TRAINING CERTIFICATION (Complete sections 1, 2, 3, 6, and 7)
- Please consider me for certification as a geologist-in-training if I do not meet the minimum qualifications for Licensure as a professional geologist.

ENCLOSE FEE: Remit by check or money order payable to: **WBPG.** (See attached schedule of fees.)

1.0 GENERAL INFORMATION An application will only be reviewed if typewritten or legibly printed in **black ink**, notarized, and accompanied by the appropriate fee.

APPLICANT (Name as you want it to appear on your license and seal)

LAST NAME FIRST MIDDLE (name or initial)

COUNTRY OF CITIZENSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS CHECK BOX IF DESIRED MAILING ADDRESS TELEPHONE: RESIDENCE () _____
STREET AND NUMBER CITY/STATE ZIP CODE

BUSINESS NAME CHECK BOX IF DESIRED MAILING ADDRESS TELEPHONE: BUSINESS () _____

STREET AND NUMBER CITY/STATE ZIP CODE

E-mail: _____

2.0 FORMAL EDUCATION

ALL FORMAL EDUCATION MUST BE VERIFIED BY OFFICIAL TRANSCRIPTS FORWARDED DIRECTLY TO THE BOARD BY THE OFFICE OF THE REGISTRAR OF THE INSTITUTION(S) ATTENDED. (Please use attached form.)

2.1 State in chronological order (beginning with the first institution attended) the name of each college, university, or technical school attended. State the time spent at each institution and, if graduated, the month and year of graduation. List all accredited postgraduate work.

College or University Attendance (Specify geology credits in semester or quarter hours)

Name and Location of Institution	From	To	Number of Years	Major	Credit Hours of Geology		Month & Year Degree Awarded
					Semester	Quarter	

- 3.1 Do you now hold or have you ever held a license, certificate, or registration to practice GEOLOGY in any state, or U.S. Territory? YES NO
- 3.2a Have you had an application for licensing, certification, or registration to practice geology denied? YES NO
- 3.2b Have you ever had your license, certification, or registration to practice geology suspended or revoked? YES NO
- If YOU ANSWERED YES** to 3.2a or 3.2b, please provide a supplementary explanation of the circumstances, including date(s) and the name and address of the registration or certifying body. *Check box for supplementary attachment:*
- 3.3 List and provide evidence of professional licensure or registration by a GOVERNMENTAL AGENCY to practice GEOLOGY in any other state or U.S. territory. **DO NOT** include certification by a technical, scientific, or any other non-governmental agency. *Check box for supplementary attachment:*

State of Registration	Year First Issued	License Number	Active (Y/N)	Type of License (GIT, PG, RG, RPG, etc.)	Registration granted by: <i>[please check appropriate box(es)]</i>
					<input type="checkbox"/> Exam <input type="checkbox"/> Grandfathered <input type="checkbox"/> Comity/Reciprocity
					<input type="checkbox"/> Exam <input type="checkbox"/> Grandfathered <input type="checkbox"/> Comity/Reciprocity
					<input type="checkbox"/> Exam <input type="checkbox"/> Grandfathered <input type="checkbox"/> Comity/Reciprocity
					<input type="checkbox"/> Exam <input type="checkbox"/> Grandfathered <input type="checkbox"/> Comity/Reciprocity
					<input type="checkbox"/> Exam <input type="checkbox"/> Grandfathered <input type="checkbox"/> Comity/Reciprocity

- 3.4 **Have you ever been convicted of a felony?** YES NO
 If yes, please provide a supplementary explanation. *Check box for supplementary attachment:*

4.0 PROFESSIONAL EXPERIENCE

- 4.1 List all your geological and related professional work experience starting with your most recent employer and/or job. Use additional pages if necessary. If you cannot provide the name and address of at least one supervisor or client, provide a written and signed explanation and the name and address of one (1) more professional reference than required by Section 5.0 of this application form. This fourth professional reference shall not be a relative or a subordinate employee of the applicant. *Check box for supplementary attachment:*

NAME AND ADDRESS OF CURRENT EMPLOYER OR CLIENT	
Employer _____	Date Service Started (Month/Year) _____
Supervisor _____	Date Service Ended (Month/Year) _____
Address _____	Full-time or Part-time Position (specify) _____
PO Box/Street Number _____	
City/State _____ Zip Code _____	Total Time, Converted to Full-time Months _____
Telephone () _____	
Area Code _____	
NAME AND CURRENT ADDRESS OF PERSON FAMILIAR WITH APPLICANT'S EMPLOYMENT OR ENGAGEMENT	
Name _____	Title _____
Address _____	Professional Relationship _____
PO Box/Street _____	
City/State _____ Zip Code _____	
Telephone () _____	
Area Code _____	
POSITION TITLE HELD BY APPLICANT _____	
DESCRIPTION OF GEOLOGIC WORK AND EXTENT OF RESPONSIBILITY _____	

NAME AND ADDRESS OF CURRENT OR FORMER EMPLOYER OR CLIENT

Employer _____
Supervisor _____
Address _____
 PO Box/Street Number _____
 City/State _____ Zip Code _____
Telephone () _____
 Area Code _____

Date Service Started (Month/Year) _____
Date Service Ended (Month/Year) _____
Full-time or Part-time Position (specify) _____
Total Time, Converted to
Full-time Months _____

NAME AND CURRENT ADDRESS OF PERSON FAMILIAR WITH APPLICANT'S EMPLOYMENT OR ENGAGEMENT

Name _____
Address _____
 PO Box/Street _____
 City/State _____ Zip Code _____
Telephone () _____
 Area Code _____

Title _____
Professional Relationship _____

POSITION TITLE HELD BY APPLICANT _____

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Telephone () _____
 Area Code _____

Title _____
Professional Relationship _____

POSITION TITLE HELD BY APPLICANT _____

DESCRIPTION OF GEOLOGIC WORK AND EXTENT OF RESPONSIBILITY _____

5.1 IMPORTANT:

Pursuant to Chapter III, Section 5(a)(ii) of the Rules and Regulations of the Board, provide the names and addresses of three individuals (respondents) as defined by Chapter I, Section 2(m) of the Board rules, **who are not relatives or subordinate employees** and who can attest to your professional competency, character, and repute. **Two or more of these individuals shall be professional geologists or qualified geologists** having personal knowledge of your geologic work experience. A qualified geologist is defined by W.S. 33-41-102(a)(viii). **No more than one professional reference can be from the same company or the same division of an agency. No more than one reference can be from a co-worker. At least one professional reference must be from a supervisor or client.** If you cannot provide three references that meet these criteria, attach a written and signed explanation. Based on your explanation, the Board may prescribe alternatives to these requirements. This latter course of action will of necessity delay the processing of your application.

Please send a **Professional Reference Form** (included in your application packet) to each of the individuals listed in this section. You should select references who span as much of your professional geological career as practical. **The supervisors and the other individuals that you included in Section 4.0 Professional Experience may be used as professional references if they satisfy the criteria listed above.**

Check box for supplementary attachment:

NAME AND ADDRESS	
Name _____	Title _____
Company/Agency _____	Is this reference a professional geologist or qualified geologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Current professional relationship to you: _____
PO Box/Street Number _____	_____
City/State _____ Zip Code _____	_____
Telephone () _____	_____

Check box for supplementary attachment:

NAME AND ADDRESS	
Name _____	Title _____
Company/Agency _____	Is this reference a professional geologist or qualified geologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Current professional relationship to you: _____
PO Box/Street Number _____	_____
City/State _____ Zip Code _____	_____
Telephone () _____	_____

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NAME AND ADDRESS	
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