

**THE WYOMING BOARD OF
PROFESSIONAL GEOLOGISTS**

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**VERIFICATION OF
LICENSING
and or
EXAMINATIONS**

INSTRUCTIONS

1. This form is for use by applicants who have been licensed in another state.
2. It is the responsibility of the applicant to request the necessary verification and authorize the release of information. Applicant is to complete Part A and forward verification form to the Licensing Board of the State in which the applicant was licensed by examination(s). Please include a stamped envelope, addressed to the Wyoming Board, for return of the completed form.
3. Part B is to be completed by the State Licensing Board and then returned directly to the Wyoming Board.

A. THIS PORTION TO BE COMPLETED BY APPLICANT (Please type or print clearly)

(NAME OF APPLICANT)

(STREET ADDRESS)

(SOCIAL SECURITY NUMBER)

(CITY)

(STATE)

(ZIP)

(PHONE)

APPLICANT'S GEOLOGIST-IN-TRAINING CERTIFICATION NO. (if applicable)

NO. _____ STATE _____

APPLICANT'S PROFESSIONAL OR REGISTERED GEOLOGIST NO. (if applicable)

NO. _____ STATE _____

I hereby authorize the Licensing Board listed immediately below to release any information in my file that is requested by the Wyoming Board of Professional Geologists.

(SIGNATURE OF APPLICANT)

(DATE)

LICENSING
BOARD:

ADDRESS:

B. THIS PORTION TO BE COMPLETED BY LICENSING BOARD

Verification of Applicant's current license:

Geologist-in-training (*if applicable*):

Date of Original Certification _____

Date of Expiration _____

Professional/Licensed Geologist (*if applicable*):

Date of Original Registration _____

Date of Expiration _____

Fundamentals of Geology or Geologist-in-training Examination:

Date examination taken and passed _____

Applicant's score _____

Passing or cutoff score (*if appropriate*) _____

Exam administered by;
(name of Licensing Board, etc.) _____

Practice of Geology or Professional Geologist Examination:

Date examination taken and passed _____

Applicant's score _____

Passing or cutoff score (*if appropriate*) _____

Exam administered by;
(name of Licensing Board, etc.) _____

Disciplinary Action: If your Board has taken disciplinary action against the applicant, please attach an explanation.

Signature & Title

Date

Licensing Board

Phone

Address

**BOARD SEAL MUST BE AFFIXED
IN THIS AREA OF THE FORM**