

**THE WYOMING BOARD OF  
PROFESSIONAL GEOLOGISTS**

500 South Third Street  
Laramie, WY 82070-3628

Phone: (307) 742-1118  
Fax: (307) 742-1120  
E-mail: prof.geo@wyo.gov  
Website: http://wbpg.wy.gov

**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**