

WYOMING BOARD OF PROFESSIONAL GEOLOGISTS
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ADDRESS CHANGE NOTIFICATION FORM
(Please print clearly or type.)

NAME: _____

License Number PG-_____ or GIT File Number # _____

Please change my records to indicate a change in home and/or business address as shown below:

HOME ADDRESS

BUSINESS AFFILIATION

(Company Name)

(Street)

(Street)

(City, State, Zip Code)

(City, State, Zip Code)

Phone () _____

Phone () _____

E-Mail _____

E-Mail _____

PLEASE CHECK ONE (1) BOX TO INDICATE PREFERRED MAILING ADDRESS:

___ HOME

___ BUSINESS

EFFECTIVE DATE OF CHANGE(S): _____

SIGNATURE AUTHORIZING CHANGE

NOTE: Our statutes require business affiliation (if any) for publication in the roster. If there is no business address provided, the roster will default to home address. However, please provide both home and business addresses for the Board's use in contacting you.