

# LICENSE / CERTIFICATE RENEWAL APPLICATION

NAME: \_\_\_\_\_

PG # OR FILE #: \_\_\_\_\_

## ANNUAL CERTIFICATION *(make sure both questions are checked, then sign & date):*

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Since your initial license was granted (or your last renewal) have you had a license disciplined, denied, surrendered, suspended, or revoked in any state or jurisdiction? <i>(If yes, please provide a detailed explanation.)</i>                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| Since your initial license was granted (or your last renewal) have you been convicted of a felony offense or charged with any crime other than a minor traffic violation in any state or jurisdiction? <i>(If yes, please provide a detailed explanation.)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |

I certify that I have read, have complied with, and have not violated the Code of Professional Conduct authorized by the Wyoming Geologists Practice Act [W.S. §33-41-106(e)] and defined in Chapter IV, Section 1 of the Board's Rules & Regulations and hereby reaffirm my agreement to abide by these rules as promulgated by the Board. I further certify that all information and statements contained herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HOME ADDRESS:

\_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP+4 Code)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-Mail)

### BUSINESS ADDRESS:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP+4 Code)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-Mail)

MY CURRENT PREFERRED MAILING ADDRESS IS:  HOME  BUSINESS

|   | RENEWAL AMOUNT DUE<br><small>if mailed on or before 12/31/2015</small> | REINSTATEMENT AMOUNT DUE<br><small>if mailed between 01/01/2016 and 03/31/2016</small> | REINSTATEMENT AMOUNT DUE<br><small>if mailed 04/01/2016 or later</small> | AMOUNT    |
|---|--|--|--|-----------|
| <b>PG</b>   | \$90.00  | CONTACT BOARD OFFICE   | CONTACT BOARD OFFICE   |           |
| <b>GIT</b>  | \$25.00  | CONTACT BOARD OFFICE   | CONTACT BOARD OFFICE   |           |
| Make check payable to <b>WBPG</b> and mail to:<br><br><b>500 S Third St</b><br><b>Laramie WY 82070-3628</b> |  | Hard Copy Roster <i>(optional)</i> add \$10  |  |           |
|   |  | CD Roster <i>(optional)</i> add \$10   |  |           |
|   |  | <b>TOTAL AMOUNT ENCLOSED</b>   |  | <b>\$</b> |

|                    |      |        |
|--------------------|------|--------|
| FOR BOARD USE ONLY | CK # | RCPT # |
|--------------------|------|--------|