





# 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"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	
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"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	

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)                                      \_\_\_\_\_  
(Cell)

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

### BUSINESS ADDRESS:

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

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


\_\_\_\_\_  
(City)                      \_\_\_\_\_  
(State)                      \_\_\_\_\_  
(ZIP+4 Code)              \_\_\_\_\_ ±

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

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

 MY CURRENT PREFERRED MAILING ADDRESS IS:       HOME       BUSINESS

	RENEWAL AMOUNT DUE if mailed on or before 12/31/2017	REINSTATEMENT AMOUNT DUE if mailed between 01/01/2018 and 03/31/2018	REINSTATEMENT AMOUNT DUE if mailed 04/01/2018 or later	AMOUNT
<b>PG</b>	\$90.00	\$127.50	\$165.00	
<b>GIT</b>	\$25.00	\$ 42.50	\$ 60.00	

 Make check payable to **WBPG** and mail to:

**2617 E. Lincolnway  
Suite I  
Cheyenne, Wy 82001**

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 # _____
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