Print Form

REQUEST FOR VERIFICATION OF LICENSURE

(This page to be completed by applicant – please print or type)

Applicant Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am applying for licensure in the State of Minnesota and am requesting that your state board verify my status as:

____ Professional Geologist License Number: _____

____ Professional Soil Scientist License Number: _____

____ Geologist In-Training Certificate Number: _____

____ Soil Scientist In-Training Certificate Number: _____

I am licensed with your state board under the name of: _____

My date of birth is: _____

I have enclosed the necessary license verification fee of $_____.

Signature of Applicant: _____

VERIFYING AGENCEY PLEASE COMPLETE SECOND PAGE

AND RETURN FORMS DIRECTLY TO:

MN BOARD OF AELSLAGID
85 E. 7TH Place, Suite 160
St. Paul, MN 55101

VERIFICATION OF LICENSURE

FROM: _____ DATE: _____
(Name of Board)

NAME OF APPLICANT: _____

THE ABOVE NAMED INDIVIDUAL WAS REGISTERED AS:

	Date Issued	Valid Until	License/Cert. Number
Geologist In-Training			
Soil Scientist In-Training			
Professional Geologist			
Professional Soil Scientist			

1. Written Examination

	Hours	ASBOG/CSSE (yes/no)	Exam Date
Fundamentals of Geology			
Fundamentals of Soil Science			
Professional Geology			
Professional Soil Science			

GIT/SSIT accepted from state of: _____

2. Oral Examination: _____ Hrs. FSS: _____ Hrs. PSS: _____ Hrs.

3. Comity with: (1) _____ (2) _____

Disciplinary Action:
Has formal disciplinary action ever been taken against the above named individual?

Yes No (If yes, please give details on a separate sheet of paper.)

By: _____

Title: _____

Date: _____

BOARD SEAL

IF A FEE IS REQUIRED, PLEASE NOTIFY THE APPLICANT.