



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSE AS A REGISTERED GEOLOGIST

INSTRUCTIONS

1. APPLICANT MUST COMPLETE ALL SECTIONS.
2. IF ADDITIONAL INFORMATION IS NEEDED FOR ANY QUESTIONS, PLEASE ATTACH A SEPARATE SHEET.
3. COMPLETED APPLICATIONS SHOULD BE MAILED TO
 MISSOURI BOARD OF GEOLOGIST REGISTRATION
 POST OFFICE BOX 1335
 3605 MISSOURI BLVD
 JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 526-ROCK (526-7625) **FAX:** (573) 526-0661 **TTY:** 800-735-2966
E-MAIL: geology@pr.mo.gov **WEB:** pr.mo.gov/geologists.asp
4. ATTACH APPLICATION FEE OF **\$125.00**.

APPLICANT
 ATTACH
 RECENT
 PHOTO
 HERE

FEE AMOUNT

DATE RECEIVED

HAVE YOU PREVIOUSLY SUBMITTED ANY APPLICATIONS TO THIS BOARD?

ASBOG EXAM
 APPLICATION

GEOLOGIST-REGISTRANT
 IN-TRAINING

REGISTERED
 GEOLOGIST

I. GENERAL INFORMATION

1. APPLICANT NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)		AREA OF GEOLOGICAL EXPERTISE
2. SOCIAL SECURITY NUMBER*	3. DATE OF BIRTH	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. HOME ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)		6. E-MAIL ADDRESS (PERSONAL)
7. BUSINESS ADDRESS		8. EMAIL ADDRESS (BUSINESS)
9. CELL PHONE NUMBER	10. HOME TELEPHONE NUMBER	11. WORK TELEPHONE NUMBER

II. LICENSE IN OTHER STATES

ARE YOU REGISTERED OR LICENSED IN ANOTHER STATE? YES NO IF YES, COMPLETE BELOW

STATE	REGISTRATION NUMBER	REGISTRATION DATE	REGISTERED BY		
			WRITTEN EXAM	SCORE	OTHER
			<input type="checkbox"/> ASBOG: Practicals & Fundamentals <input type="checkbox"/> Board constructed		
			<input type="checkbox"/> ASBOG: Practicals & Fundamentals <input type="checkbox"/> Board constructed		
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			<input type="checkbox"/> ASBOG: Practicals & Fundamentals <input type="checkbox"/> Board constructed		

***SEE ENCLOSED SSN DISCLOSURE NOTICE. THIS FORM MUST BE COMPLETED AND RETURNED WITH THIS APPLICATION.**

III. EDUCATIONAL EXPERIENCE							
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED				DEGREE	MAJOR COURSE OF STUDY
		FROM		TO			
		MON.	YR.	MON.	YR.		

IV. POST-BACCALAUREATE EXPERIENCE IN GEOLOGY
(SEE APPLICATION INSTRUCTIONS)

SUPERVISOR NAME	ADDRESS	LICENSE NO.	TELEPHONE NO.
1.			
2.			
3.			
4.			

V. VERIFICATION

ANSWER THE FOLLOWING QUESTIONS (Except for question 2 Yes responses must be explained on a separate sheet of paper and included with the application.)

	YES	NO
1. Has your application to be licensed or registered as a geologist ever been denied? If yes, please explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed an examination for geologist or any other regulated profession? If so, how many times? _____ Where? _____ For what profession? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted of a felony or misdemeanor related to the practice of geology?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently, or did you within the past five years, use any prescription drug, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a geologist would be affected?	<input type="checkbox"/>	<input type="checkbox"/>
6. In relation to your practice as a geologist, have you ever been named as a defendant in a civil suit in which an amount of a \$100,000 or more was made through settlement or judgment?	<input type="checkbox"/>	<input type="checkbox"/>

VI.

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a geologist in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration the above proofs as required by the Missouri law governing the practice of geology and subject to the rules and regulations of the Board of Geologist Registration. I subscribe and agree to abide by all applicable laws and rules regarding the practice of geology to include the Code of Professional Ethics. I hereby certify that I have familiarized myself with sections 256.450-256.483 RSMo, known as the Geologist Registration Act and applicable rules promulgated by the Missouri Board of Geologist Registration.

Enclosed is the application fee which is not refundable. I understand that the Board may require further evidence that it deems reasonable and proper from the sources above.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)	USE RUBBER STAMP IN CLEAR AREA BELOW.	