

# Indiana Board of Licensure for Professional Geologists

## Verification of Registration

Applicant for licensure in Indiana, please complete the top portion and mail to any states in which current licensure or certification is held. The affiliate state board should complete the bottom portion and return to the address listed.

*TO BE COMPLETED BY APPLICANT*



RETURN TO:  
**INDIANA BOARD OF LICENSURE FOR  
PROFESSIONAL GEOLOGISTS**  
Indiana Geological and Water Survey  
1001 E. 10th Street  
Bloomington, IN 47405  
ATTN: LPG Coordinator  
Telephone: (812) 855-7428

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

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Name of Licensing Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

*TO BE COMPLETED BY AFFILIATE STATE BOARD*

### **Section 1.**

License/Certification Number: \_\_\_\_\_

Date of Licensure/Certification: \_\_\_\_\_

Currently Licensed (yes) (no): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### **Section 2.**

#### **Basis of Registration**

ASBOG Exam:

Scores: FG \_\_\_\_\_ Date Passed \_\_\_\_\_ PG \_\_\_\_\_ Date Passed \_\_\_\_\_

Grandfather Clause in Law \_\_\_\_\_ Comity/Reciprocity \_\_\_\_\_ Education and Experience\* \_\_\_\_\_ Other (please explain)\* \_\_\_\_\_

\*If registered by education and professional work experience, please explain minimum qualifications met to obtain licensure/certification.

### **Section 3.**

Have any complaints been filed or has disciplinary action been taken against the applicant? (yes) \_\_\_\_\_ (no) \_\_\_\_\_ (If yes, explain on reverse.)

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

Printed Name: \_\_\_\_\_

Board Seal

Title: \_\_\_\_\_

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