STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR GEOLOGIST-REGISTRANT IN-TRAINING

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BOARD OF GEOLOGIST REGISTRATION
PO BOX 1335
JEFFERSON CITY MO 65102

INSTRUCTIONS — TYPE OR PRINT IN BLACK INK ONLY

1. This application must be typed or printed in black ink and all sections must be completed. Additional information may be included by attaching a separate sheet.
2. Official transcript must be forwarded by college or university unless your transcripts have already been received and reviewed by the board.
3. Completed Supervision Agreement
4. Completed Social Security Number Disclosure Notice
5. Completed registration forms should be mailed to the following central office address:
   Missouri Board of Geologist Registration
   3605 Missouri Blvd. P. O. Box 1335
   Jefferson City, MO 65102-1335

$25.00

FEE AMOUNT	DATE RECEIVED	LICENSE NUMBER

APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)			E-MAIL (PERSONAL)
TELEPHONE NO. (CELL)	TELEPHONE NO. (WORK)	DATE OF BIRTH	SOCIAL SECURITY NO.*
MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET, BOX NUMBER, CITY, STATE, ZIP CODE)			E-MAIL (BUSINESS)

EDUCATIONAL EXPERIENCE

OFFICIAL TRANSCRIPTS FOR ALL COLLEGE WORK DIRECTLY PERTAINING TO LICENSURE REQUIRED

UNIVERSITY/COLLEGE ATTENDED	CITY AND STATE	DATES ATTENDED FROM MON.	FROM YR.	TO MON.	TO YR.	DEGREE	CONFERRED MO.	CONFERRED YR.

SUPERVISED EXPERIENCE

NAME OF MISSOURI LICENSED REGISTERED GEOLOGIST	MISSOURI LICENSE NUMBER
EFFECTIVE DATE OF SUPERVISION	

PLEASE ANSWER THE FOLLOWING QUESTIONS (Yes answers must be explained in sworn affidavit on a separate sheet of paper)

	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.	☐	☐
2. Have you ever failed an examination for geologist or any other regulated profession? If so, how many times? _____ Where? _____ For what profession? _____	☐	☐
3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	☐	☐
4. Have you ever been charged with or convicted of a felony or misdemeanor related to the practice of geology?	☐	☐
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?	☐	☐
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 $100,000 or more was made through settlement or judgment?	☐	☐

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 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.

I HEREBY AFFIRM THAT ALL STATEMENTS AND ENCLOSURES HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

MUST BE SIGNED IN PRESENCE OF NOTARY

SIGNATURE OF APPLICANT ▶

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

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