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MISSOURI STATE BOARD OF GEOLOGISTS REGISTRATION
P.O. BOX 1335
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-1335
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Email: geology@pr.mo.gov
Website: http://pr.mo.gov/geologists.asp
TTY (800) 735-2966

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

VERIFICATION OF LICENSURE

TO APPLICANT:
Please complete Section I below and mail this form to each state, United States Territory, province, or country that you have or ever had a license/certification/registration/temporary permit to practice as a geologist. This verification must be returned to the Missouri Board of Geologists Registration within ninety (90) days of your application. Some states require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), United States Territory, province, or country. This form may be duplicated as necessary.

SECTION I TO BE COMPLETED BY APPLICANT

NAME (FIRST, MIDDLE, LAST)	SUFFIX	FORMER/MAIDEN

NAME AS IT APPEARS ON THE LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF CERTIFICATION HELD
☐ REGISTERED/LICENSED GEOLOGIST ☐ GEOLOGIST-IN-TRAINING

NUMBER ISSUED

SOCIAL SECURITY NUMBER	DATE OF BIRTH

The Missouri Board of Geologist Registration requests that I submit evidence of my license/certification/registration/permit in your state. You are hereby authorized to release any information in your possession pertaining to me directly to the Missouri Board of Geologist Registration, P.O. Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE	DATE

SECTION II TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY

TYPE OF REGULATION
STATE ☐ LICENSE ☐ CERTIFICATION ☐ REGISTRATION ☐ PERMIT HOLDER

LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

HAS THE APPLICANT'S LICENSE EVER LAPSED? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN

HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN

DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS? ☐ YES ☐ NO IF YES PLEASE EXPLAIN

LICENSE WAS ISSUED ON THE BASIS OF
☐ ASBOG EXAM ☐ STATE EXAMINATION ☐ EDUCATION ☐ GRANDFATHER CLAUSE

DATE(S) OF ASBOG EXAM _____

FUNDAMENTALS OF GEOLOGY SCORE _____ PRACTICE OF GEOLOGY SCORE _____

SIGNATURE	DATE	BOARD SEAL

TITLE

AGENCY NAME AND ADDRESS

PHONE NUMBER