



State of Arkansas

BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS
3815 West Roosevelt Rd
Little Rock, AR 72204

PHONE: (501) 683-0150

www.pgboard.ar.gov

VERIFICATION OF LICENSURE/REGISTRATION

INSTRUCTIONS:

1. This form is used ONLY by applicants for Professional Geologists registration for the purpose of endorsement: i.e., applicant MUST be registered in another state.
2. It is the responsibility of the applicant to request the necessary verification. Part I is completed by the applicant, Part II is completed by the regulatory Board where the applicant is licensed, then returned directly to the Arkansas Board.

PART I: THIS PORTION TO BE COMPLETED BY APPLICANT

TO: _____ (State Board receiving form)	RE: _____ (Name of applicant)
ADDRESS: _____ (Street Address)	_____ (Street Address)
_____ (City) _____ (State) _____ (Zip)	_____ (City) _____ (State) _____ (Zip)
PHONE # _____	_____ (Signature)
DATE OF INITIAL REGISTRATION: _____	LICENSE/REGISTRATION # _____

PART II: THIS PORTION TO BE COMPLETED BY REGULATORY BOARD

A. WAS APPLICANT EVER REGISTERED? Yes ___ No ___ If yes, Date? _____

B. IS STATUS CURRENT? Yes ___ No ___

C. REQUIREMENTS FOR REGISTRATION WERE:

1 ASBOG EXAM _____
Fundamentals _____ Practice _____ (Scores)

2 GRANDFATHER: _____

3 OTHER: _____

D. HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST THIS APPLICANT?
YES ___ (DETAILS) _____ NO ___

E. SIGNATURE: _____
TITLE: _____
DATE: _____