

STATE OF OREGON BOARD OF GEOLOGIST EXAMINERS
707 13th Street SE, Ste. 114, Salem, OR 97301
Phone: (503) 566-2837
Email: osbge.info@state.or.us

**APPLICATION FOR COOPERATIVE REGISTRATION
AS A REGISTERED GEOLOGIST**

I currently hold an active license in the state of: _____ ASBOG Examination taken in the state of: _____

Please print legibly or type.

I have previously made an application with the Board [] yes [] no

1. Name: _____
Last(Family) First Middle (As it should appear on wall certificate)

2. Date of Birth: _____
Month/ Day/ Year

3. Home Address: _____
Street and number City, State, Zip

4. Company Name: _____

5. Company Address: _____
Street and number City, State and Zip

6. Home Phone: _____ Company Phone: _____

7. Have you ever been convicted of a felony? [] Yes [] No **If answer is "yes", explain fully on a separate sheet.**

8. Education: Enclose official transcript(s) showing degree(s) in Geology or related field.

List number of years in (1) undergraduate study in geosciences; (2) graduate study or research; and (3) teaching college geosciences, which could count as additional qualifying experience. If no degree was earned, write-in semester or quarter credit hours completed and enclose most current transcript(s).

A. Studies (use additional sheet if necessary)

Name of Institution	Location	Dates attended: from/to	Graduated? yes/no	Date of Graduation / Credit hours earned	Which Degree received

B. Postgraduate Work: List short courses, seminars, training programs, extension, night or correspondence courses, not included in 9(A) which may assist the Board in assessing your educational background.

9. Teaching or Research (College or University)

Name and location of College or University

Dates from/to

Subject or Project (explain on a separate sheet)

10. Please state information regarding your ASBOG Examination:

(State of Examination)

(Date of Examination)

12. Submit copies of geological registrations or licenses issued by any *governmental* body in or out of Oregon that you hold. *Please do not include professional society registrations!*

13. Complete an *Experience Record*.

14. Provide *Verification of RG Experience* for each employment period.

I certify under penalty or perjury or loss of license that the information on this application or any appended sheets is true and correct. I also confirm that I have read and understand the Oregon Administrative Rules (OAR) Chapter 809 and the Oregon Revised Statutes Chapter 671.

Signature of Applicant

Date of application

Email address

NOTE: In addition to the *nonrefundable* \$75.00 Application Fee, your registration will be completed in a more timely fashion if you include the annual registration fee. See fee schedule at this link: http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_809/809_010.html

**NOTICE OF MANDATORY DISCLOSURE
AND USE OF SOCIAL SECURITY NUMBER**

As part of your application for an initial license, certificate, or registration, or renewal of the same issued by the Oregon State Board of Geologist Examiners, you are required to provide your Social Security Number to this agency. The authority for this requirement is Oregon Revised Statute (ORS) 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13).

Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certificate, or registration you seek. This record of your Social Security Number will be used for child support enforcement and tax administration purposes only unless you authorize other uses of the number.

Although a number other than your Social Security Number appears on the face of the license, certificate, or registration issued by the Oregon State Board of Geologist Examiners, your Social Security Number will remain on file with this agency.

Social Security Number: _____

Signature: _____

Dated: _____