

MS STATE BOARD OF REGISTERED PROFESSIONAL GEOLOGISTS
P.O. BOX 22742
JACKSON, MS 39225-2742

VERIFICATION REQUEST

TO: (Board Completing Form)

	Name of Applicant
	Address
	City State Zip
City State Zip	Social Security No. _____

I. THE APPLICANT WAS REGISTERED AS:

	NUMBER	CERT ISSUED	VALID UNTIL
PROFESSIONAL GEOLOGIST	_____	_____	_____
GEOLOGIST -IN-TRAINING	_____	_____	_____

II. BASIS OF REGISTRATION:

EXAMINATION	ASBOG	EXAM DATE
FG	_____	_____
PG	_____	_____
OTHER	_____	_____

GRADUATION & EXPERIENCE (GRANDFATHERED?): _____

OTHER: _____

III. If your Board has taken disciplinary action against the applicant, please give details on reverse side.

BY: _____

TITLE: _____

DATE: _____

Board
Seal