



***MISSISSIPPI STATE BOARD
OF REGISTERED
PROFESSIONAL GEOLOGISTS***

Application Materials

July 1, 2025

MISSISSIPPI STATE BOARD OF REGISTERED PROFESSIONAL GEOLOGISTS

Application Check List - this page is for your information and is NOT to be returned.

This check list is to be used by the applicant to ensure that all required application forms and documents are properly submitted to the Board in support of your Registered Professional Geologist (RPG) or Geologist in Training (GIT) application.

The following items must be submitted before the Board can consider your application. Please read all items carefully. **An incomplete application will not be considered.**

1. All items on application forms must be typed. Download this form and fill out Parts A-D on the computer. For Part D fill out the Reference Summary and ID page and include it along with Parts A-C as part of your application to the board. (Note you will also be sending the filled-out Part D, Sections 1 and 2 to your references – see step 5)
2. If you are applying for an RPG, remittance of non-refundable application fee of \$200.00 made payable to the Mississippi State Board of Registered Professional Geologists or MSBRPG. There is no application fee for GIT.
3. Attach a copy of your driver's license or other government issued id.
4. Application signed and notarized.
5. Circulate three reference forms (Part D, sections 1 and 2; 2 pages total) to respondents who have personal knowledge of applicant's geologic experience. Reference respondents must be geologists as defined by the Act. **The respondents must mail or email the signed reference forms directly to the Board.**
6. Request official transcript(s) from college or university (or from another state board you are licensed under). The college or university must mail or email the transcript directly to the Board. If you have a degree from a foreign institution, your transcript must come from a transcript evaluation service directly to the board.
7. Have the Board who administered any examinations send the actual scores and test dates directly to this Board
8. Read and understand the Registered Professional Geologists Practice Act of 1997 and the Rules of the Board.
9. Mail application forms along with the application fee (no application fee if applying for GIT) to the Board at the address at the top of the application.

Important Notice to Applicants:

All applicants are required to read and understand the Registered Professional Geologists Practice Act of 1997 and the Rules of the Board, and agree to abide by them. These documents, along with copies of the application, may be viewed and downloaded from the Internet at the following website address or you may contact the Board at the address listed at the top of the page. www.msbrpg.ms.gov

If approved for registration you will pay an annual license fee (RPG \$200.00; GIT \$100.00) and will be required to purchase a Registered Professional Geologists stamp and/or embossing seal with your personal certificate number through the Board of Registration.

NOTE: IF YOU ARE APPLYING FOR REGISTRATION THROUGH RECIPROCITY OR COMITY, please have your state of registration forward a letter of verification that you are in good standing with that board, including the date of registration and any test scores (and your transcripts if they are willing).

PART A

MS STATE BOARD of REGISTERED PROFESSIONAL GEOLOGISTS

P. O. BOX 22742

JACKSON, MS 39225-2742

APPLICATION FOR REGISTRATION AS A GEOLOGIST

- ☐ By education, examination (ASBOG FG & PG), and experience (4+ years).
☐ By reciprocity with: Alabama, Arkansas, Georgia, Louisiana, Texas
☐ Reinstatement of lapsed Mississippi license

OR

- ☐ Enrollment as a Geologist in Training by education and examination (ASBOG FG)

Date application submitted: _____

Download this form and fill it out as a fillable form using Adobe, otherwise all entries must be typewritten. Fill in all blanks. All information must be supplied on the form. If an item is not applicable to you, complete the blank with "N/A". If insufficient space is provided for any item, attach supplemental sheets (8½" x 11").

If applying to be an RPG, application should be accompanied by a check payable to the Mississippi State Board of Registered Professional Geologists or MSBRPG. This will cover the application processing costs and it is non-refundable. Application will not be processed without the fee.

Your signature to this form and its notarization constitutes an affidavit as to the truth of all information you have submitted.

GENERAL INFORMATION

Name: _____
(First) (Middle) (Last) (Suffix)

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Year of Birth: _____ Place of Birth: _____

Email (work): _____ Email (home): _____

Employer: _____

Employer Address: _____

Employer City: _____ State: _____ ZIP: _____

Employer Phone: _____ State of Legal Residence: _____

Have you ever been convicted of a felony or pleaded "no contest" to a criminal charge?

Yes ___ No ___ If yes, explain on a separate piece of paper (exclude traffic violations).

PART A - continued

EDUCATION

1. List the most recent first. If more space is needed, attach a supplemental sheet. Applicant should arrange for transcripts to be sent to the Board directly either from the institution, from another licensure state board, or from a transcription service for foreign degrees. Transcripts can be sent electronically but must come from an official source (not from the applicant).

Name & Location of Institution	Attendance		Major	Degree Received	Date of Degree
	from	to			

Remarks

PROFESSIONAL AFFILIATIONS

(Memberships in Professional Organizations)

REGISTRATION AND LICENSURE HISTORY

1. List all current state and national professional licenses, certifications, and registrations (e.g. AIPG, AAPG, CPG, RPG, PG). If more space is needed, attach a supplemental sheet. Attach a copy of professional geologist licenses to your application on submittal.

Type of License	License #	Issue Date	Exp Date	Issuing Agency

Remarks

2. Have you ever been refused professional certification, license, or registration, or the renewal thereof?
Yes No If yes, provide details on a separate piece of paper which state, agency, or organization took the action along with the professional certificate, license or registration number, date, and stated reason.
3. Have you ever had a professional certification, license, or registration revoked, suspended, or otherwise acted against in a disciplinary proceeding? Yes No If yes, provide details on a separate piece of paper as to which state, agency, or organization took the action along with the professional certificate, license or registration number, date, and stated reason.

PART B

EXPERIENCE RECORD

Starting with current or most recent job, describe your professional experience in detail. Add additional copies of this sheet as necessary to include all professional experience.

Dates from to	Job Title	Employer Name and Address

Describe Job Duties: _____

Supervisor Name: _____

Is Supervisor a Licensed Geologist? Yes ___ No ___ State(s) _____

Dates from to	Job Title	Employer Name and Address

Describe Job Duties: _____

Supervisor Name: _____

Is Supervisor a Licensed Geologist? Yes ___ No ___ State(s) _____

PART C

AFFIDAVIT

In affixing my signature to this application, I warrant that all statements made herein and on the appended sheets are true and correct to the best of my knowledge, information, and belief. In affixing my signature to this application, I acknowledge that I read and understand the "Registered Professional Geologists Practice Act of 1997," the Rules of the Board, and shall adhere to the Code of Ethics/ Professional Conduct and all other requirements and guidelines contained therein.

Date: _____, 20____.

Signature: _____

"State of _____

County/Parish of _____

Personally appeared before me, the undersigned authority in and for the said county/parish and state, within my jurisdiction, the within named _____, who acknowledged that (he)(she)(they) has (have) sworn to, subscribed to, and executed, the above and foregoing instrument on this _____ day of _____, 20____.

Notary Public

My commission expires:

_____,
”

(Affix official seal, if applicable)

PART D – Reference Summary and ID

1. List three (3) geologist references who can attest to your character and competence.

Reference Name	Reference Phone	Reference Email

2. Send this page (Part D - Reference Summary and ID) in with your application along with a copy of your government issued ID (state driver's license, etc.). Affix a copy or insert a scan of your ID in the blank space below.
3. Applicant must send the listed references copies of Part D - Section 1 (completed by the applicant) and Section 2 (for completion by the reference) and have them transmit the completed, signed Section 1 and 2 sheets directly to the board (preferably by email).

Front of ID

Back of ID

GEOLOGICAL EXPERIENCE VERIFICATION AND REFERENCE FORM

Reference's Name: _____

Name: _____

Verification of Experience From:_____To:_____

Employer During Verification Period: _____

Employer Address/City/State: _____

Part Time: _____ Full Time: _____ Professional Relationship: _____

[illegible]

PART D - Section 2

GEOLOGICAL EXPERIENCE VERIFICATION AND REFERENCE FORM

Instructions: The applicant named below has filed an application for registration in the state of Mississippi as a Registered Professional Geologist (RPG) or Geologist in Training (GIT) and is requesting that you act as a reference for the job/timeframe listed in Part D – Section 1 which you are to verify.

Reference must return both Sections 1 and 2 of Part D to the MSBRPG, either to our email - geology@msbrpg.ms.gov or by mail to P.O. BOX 22742, JACKSON, MS 39225-2742

Applicant's Name: _____

Reference Information

Name: _____

Current Employer Name: _____

Current Employer Address/City/State: _____

Business Phone: _____ Position in Firm: _____

Are you a degreed Geologist? Geoscientist? Engineering Geologist? Other? _____

Do you currently hold a state professional certification, license or registration? Yes No

List all current state licenses and registrations. Please provide license and registration number(s) and expiration date(s):

1. Describe applicant's character and personal reputation: _____

2. What is/was your business or professional relationship to the applicant: _____

3. Do you have knowledge of the applicant's participation in professional misconduct? Yes No

If yes, please explain: _____

4. Would you recommend this applicant for registration? Yes No

5. The portion of employment or experience we wish to verify is described by the applicant in the previous section (Section 1). Please state your opinion regarding the accuracy of the description, including extent and complexity of work. _____

Reference Signature: _____ Date: _____