(Version: 11-7-25)



Mississippi State Board of Registered Professional Geologists

P.O. Box 22742 • Jackson, MS 39225-2742 • (601) 354-6370 • www.msbrpg.ms.gov

Verification of RPG to other state boards

Instructions: It is the responsibility of the applicant to complete Part 1 of the verification form and pay the \$25 fee. Part 1: Complete part 1 of this form and email to geology@msbrpg.ms.gov

Part II: Will be completed by MSBRPG and sent directly to the requested state board on receipt of fee payment.

PART I: THIS SECTION TO BE CO	MPLETED BY THE APPLICANT	
Jame:	License #:	
Address:	Phone:	_
City, State, Zip:	Email:	
was granted a license as described above and request that verific	cation of that license be submitted to):
Board:	Email:	_
Address:	City, State, Zip:	
Signature		Date
Check/Money Order for \$25 has been mailed to MSBRPG	Please Invoice me for electroni	ic payment of the \$25 fe
PART II: THIS SECTION WILL BE CO	·	
I certify that the records of the State of Mississipp	oi show that the above individual:	
Was licensed as a Registered Professional Geo		
2) Holds/held license #; whic		(date)
3) Is the license holder in good standing: Yes No If "NO" see detail on a	ttached sheet.	
4) Have they been the subject of disciplinary actives No If "YES" see detail on a		
5) Was granted licensure by:		
Reciprocity with the state of:		
Grandfathered (did not take licensing	g exam)	
☐ Licensing Exam: ☐ ASBOG [
	/on date:	
Score: Practice	/on date:	-
6) License holder met the following requiremen	ts:	
Experience: Years experience		
Education: Degree(s)/Major(s)		
 At least 30 hours of geology coursewo 		
Copies of transcript(s) attached?	Yes No	
References: # Profess	sional Geologist references	
Signature Date		
Title Phone Number		(Board Seal)