

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

***Application Materials*
*(PURSUANT TO THE MILITARY FREEDOM ACT)***

November 25, 2025

MILITARY APPLICANT CHECKLIST

This check list is for your use only, to aid as a tool in determining whether you are eligible to apply for Mississippi registration as a geologist based upon the Military Freedom Act (Miss. Code Ann. § 73-50-1).

I am an active member of the military, or the spouse or dependent of an active member of the military.

I hold a current and valid license or registration in another state to practice geology, or to practice in an occupation with a similar scope of practice, for at least one (1) year.

OR

I have been awarded a military occupational specialty, completed a military program of training, completed testing or equivalent training and experience, and performed in such occupational specialty.

OR

I have worked as a geologist or in an occupation with a similar scope of practice for at least three (3) years in a state that does not use a license to regulate the occupation.

I have not committed any act in another state that would constitute grounds for refusal, suspension, or revocation of a license or registration to practice geology in Mississippi at the time the act was committed.

I have not been convicted of a felony, pled guilty to a felony or pled nolo contendere (no contest) to a felony.

I have not surrendered a license or registration because of negligence or intentional misconduct related to my work as a geologist in any other state.

I have not had a complaint, allegation or investigation pending before an occupational licensing board or other board in another state related to unprofessional conduct or an alleged crime.

PLEASE NOTE, the Board may require you to pass a jurisprudential examination specific to relevant state laws in Mississippi that regulate the occupation.

APPLICATION FOR REGISTRATION
MISSISSIPPI STATE BOARD OF REGISTERED PROFESSIONAL GEOLOGISTS
P. O. BOX 22742, JACKSON, MS 39225-2742
geology@msbrpg.ms.gov

INSTRUCTIONS

All persons seeking Mississippi registration pursuant to the Military Freedom Act (Miss. Code Ann. § 73-50-1) must complete the following application.

Where space on the form does not permit you to adequately provide your response, you may provide supplementary sheets of 8 ½" x 11" white paper. Each additional sheet shall be printed on one side only and must be signed and dated. Applications must be clearly typed in black ink.

Applications must be signed and notarized.

Your application must be accompanied by the remittance of a non-refundable application fee made payable to the Mississippi State Board of Registered Professional Geologists (MSBRPG) in the amount of Two Hundred and No/100 Dollars (\$200.00).

Upon completion, mail your application, with attachments and application fee, to the address provided above **or** email your application with attachments and select electronic invoicing to pay application fee.

An application not properly completed, containing all required information, or accompanied by the required fee will be returned to the applicant with a statement specifying the reason(s) for the application's return.

REGISTRATION PURSUANT TO THE MILITARY FREEDOM ACT

Applicants who seek Mississippi registration as a geologist pursuant to the Military Freedom Act must be active members of the military, or the spouse or dependent of an active member of the military.

In addition, applicants must hold a current and valid license in good standing, in another state, in the practice of geology, or an occupation with a similar scope of practice, for at least one (1) year; **OR** have worked in the practice of geology, or in an occupation with a similar scope of practice, in another state that does issue a license or registration to regulate the occupation, for at least three (3) years; **OR**, have been awarded a military occupational specialty, completed a military program of training, completed testing or equivalent training and experience, and performed in the occupational specialty.

Applicants seeking Mississippi registration pursuant to the Military Freedom Act:

- 1) must not have committed any act in another state that would constitute grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed;
- 2) must not have surrendered a license because of negligence or intentional misconduct related to the applicant's work in the occupation in the other state; and
- 3) must not have a complaint, allegation or investigation pending before an occupational licensing board or other board in another state that related to unprofessional conduct or an alleged crime.

PART I. GENERAL INFORMATION

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

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Year of Birth: _____ Place of Birth: _____

E-Mail (home): _____ E-Mail (work): _____

Employer: _____

Employer's Address: _____

Employer's City: _____ State: _____ Zip: _____

Employer's Phone: _____

State of Legal Residence: _____

Are you a United States citizen? Yes No

If no, are you authorized to work in the United States? Yes No

Select payment option: Check/Money Order mailed Request Electronic Invoice
(transaction fee added by MS.gov)

PART II. REGISTRATION AND LICENSURE HISTORY

Have you ever been registered as a geologist in the state of Mississippi? Yes No

If yes, provide your date of registration: _____

If yes, provide your RPG number: _____

Do you currently hold a valid license or registration in good standing in another state as a geologist or an occupation having a similar scope of practice? Yes No

If yes, identify the State: _____ Date of Issuance: _____

Occupation/Practice Area: _____

Have you been awarded a military occupational specialty? Yes No

If yes, identify the State: _____ Occupational Specialty: _____

In connection with the award of a military occupational specialty:

Identify and describe the Military Program of Training completed: _____

Date of completion: _____

Identify and describe any additional training completed: _____

Identify all testing taken, including dates, locations, and scores: _____

Identify and describe all experience, including relevant dates: _____

PART II. REGISTRATION AND LICENSURE HISTORY - continued

Have you worked as a geologist or in an occupation having a similar scope of practice in a state that does not issue a license or registration to regulate the occupation? Yes No

If yes, identify the Occupation or Practice Area: _____

State(s) _____

Dates during which you worked in the occupation in each State: _____

Have you ever been refused certification, licensure, registration, or renewal? Yes No

If yes, identify the State(s): _____

Agency or Organization: _____

Certificate, License, or Registration: _____

Date: _____ Stated Reason: _____

Have you ever had a certification, license or registration revoked, suspended or otherwise been the subject of disciplinary action? Yes No

If yes, identify the State(s): _____

Agency or Organization: _____

Certificate, License, or Registration: _____

Date: _____ Stated Reason: _____

PART II. REGISTRATION AND LICENSURE HISTORY - continued

Have you ever surrendered a certification, license, or registration? Yes No

If yes, identify the State(s): _____ Agency or Organization: _____

Certificate, License, or Registration: _____

Date: _____ Stated Reason: _____

Have you ever been the subject of a complaint, allegation or investigation filed with an occupational licensing board or other board in another state related to allegations of unprofessional conduct, negligence, intentional misconduct, or the commission of a crime?

Yes No

If yes, identify the State(s): _____

Agency, Licensing or Other Board: _____

Specific Allegations: _____

Disposition: _____

PART III. AFFIDAVIT

STATE OF _____

COUNTY/PARISH OF _____

PERSONALLY, came and appeared before me, the undersigned Notary, the within named _____, and makes this, his/her statement and Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth herein are true and correct to the best of his/her knowledge:

1. I am over the age of twenty-one and am competent to testify as to all matters set forth herein.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth in this Application.
3. I understand that, in affixing my signature to this Application, I warrant that all statements made herein and on any attached sheets are true and correct to the best of my knowledge, information and belief.
4. I understand that, in affixing my signature to this Application, I acknowledge that I have read and understand the Military Freedom Act, the Registered Professional Geologists Practice Act, and the Administrative Rules of the Mississippi State Board of Registered Professional Geologists.
5. I affirm I shall adhere to the Code of Ethics and Professional Conduct and all other requirements as set forth therein.

DATED this the _____ day of _____, _____.

AFFIANT/MILITARY APPLICANT

SWORN to and subscribed before me, this the _____ day of _____.

NOTARY PUBLIC

My Commission Expires: