(Version: 09-16-25)



## Mississippi State Board of Registered Professional Geologists

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

## **Verification of other Professional Geologist Licenses**

Instructions: It is the responsibility of the applicant to request the necessary verification and pay any applicable fees.

Part I: Complete and send a copy of this form to every jurisdiction or state in which you have been licensed.

Part II: To be completed by the Licensing/Regulatory Board and returned to MSBRPG by email - geology@msbrpg.ms.gov

PART I: TH	IIS SECTION TO BE COMI	PLETED BY TH	HE APPLICANT		
Name:		icense #:	Date of Ir	Date of Initial Registration:	
ldress:	P	hone:			
ty, State, Zip:	E	mail:			
vas granted a license as described abo Registered Professional Geologists (N		on of that license	e be submitted to	the Mississippi State Boa	
Signature				Date	
PART II: THIS	SECTION TO BE COMPLI	ETED BY REG	ULATORYBOA	RD	
I certify that the records of the State of		_show that the above individual:			
1) Was licensed/registered	d as a Professional Geologi	st on:		(date)	
2) Holds/held license #	; which ex	pires/expired o	on:	(date)	
☐ Grandfathere☐ Licensing Ex Score:	by: Comity	am) Other exam: _/on date:			
6) License holder met th Experience: Education: Deg • At least 30 hou	e following requirements: Years experience gree(s)/Major(s) urs of geology coursework? script(s) attached?		No No		
Signature/Title  State Board	Date Phone Number			(Board Seal)	