

State of Florida
Department of Business and Professional Regulation
Board of Professional Geologists
Application for Licensure
Form # DBPR PG 4701

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS	
Licensure by Exam or Upgrade from GIT in Another State to Professional Geologist	<ul style="list-style-type: none"> <input type="checkbox"/> Pay fee of \$500.00, payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-VI of this application. <input type="checkbox"/> Submit Section VII, Experience Verification, to all Supervisors to verify experience listed in Section V, Experience Summary. <input type="checkbox"/> Submit Section VIII, Education Release, to all schools listed in Section IV, Education Qualification. <input type="checkbox"/> If claiming credit for a course that does not contain the word “Geology” in the title, submit a syllabus, catalog or other material from the university that indicates the course’s relation to Geology. <input type="checkbox"/> If applicable, submit Section IX, License Verification or Geologist In Training Registration Form to the state in which you hold an active license or Geologist In Training Registration by examination.
Licensure by Exam Upgrade from GIT in Florida to Professional Geologist	<ul style="list-style-type: none"> <input type="checkbox"/> Pay fee of \$350.00, payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I, II, V, VI, VII and IX of this application. <input type="checkbox"/> Submit Section VII, Experience Verification, to all Supervisors to verify experience listed in Section V, Experience Summary.
Licensure by Endorsement	<ul style="list-style-type: none"> <input type="checkbox"/> Pay fee of \$250.00, payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-VI of this application. <input type="checkbox"/> Submit Section VII, Experience Verification, to all Supervisors to verify experience listed in Section V, Experience Summary. <input type="checkbox"/> Submit Section VIII, Education Release, to all schools listed in Section IV, Education Qualification. <input type="checkbox"/> If claiming credit for a course that does not contain the word “Geology” in the title, submit a syllabus, catalog or other material from the university that indicates the course’s relation to Geology. <input type="checkbox"/> Submit Section IX, License Verification Form, to the state in which you hold an active license by examination.
Licensure by Endorsement (10 Years of Licensure)	<ul style="list-style-type: none"> <input type="checkbox"/> Pay fee of \$250.00, payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I- III and VI of this application. <input type="checkbox"/> Submit Section IX, License Verification Form, to the state(s) in which you hold an active license by examination for 10 years or more.
Provisional License	<ul style="list-style-type: none"> <input type="checkbox"/> Pay fee of \$200, payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-VI of this application. <input type="checkbox"/> Submit Section VII, Experience Verification, to all Supervisors to verify experience listed in Section V, Experience Summary. <input type="checkbox"/> Submit Section VIII, Education Release, to all schools listed in Section IV, Education Qualification. <input type="checkbox"/> If claiming credit for a course that does not contain the word “Geology” in the title, submit a syllabus, catalog or other material from the university that indicates the course’s relation to Geology. <input type="checkbox"/> Submit Section IX, License Verification Form, to the state in which you hold an active license by examination. <p>NOTE: A written statement must be submitted to the Department within 60 days after completion of the work, indicating the time engaged and the nature of the work.</p>

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Application Instructions (by section)

a. Section I

- i. Check application type.
- ii. Check examination parts to be taken, if necessary.

b. Section II

- i. Fill out each section completely.
- ii. Provide your social security number.
- iii. In the Full Legal Name section, applicants must use the name as it appears on his or her Social Security card. Do not use nicknames or initials.
- iv. Provide date of birth, mailing address and email address.
- v. Provide any current or past license information.
- vi. Provide name, address, phone number of Business you wish to qualify (If Applicable)

c. Section III

- i. Applicants must submit answers to each of the background questions.
- ii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- iii. Question 2:
 - (1) If you answer "yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iv. Question 3:
 - (1) If you answer "yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- v. Question 4:
 - (1) If you answer "yes" to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

d. Section IV

- i. Provide complete educational data information.
- ii. List all Geology courses. Applicants must have a total of 30 hours Geology or Geology related courses.

e. Section V

- i. Applicants must provide employer's name, dates of employment and the total number of months of experience.
- ii. An applicant needs at least 5 years of verified professional geological work experience, which includes a minimum of 3 years of professional geological work under the supervision of a licensed or qualified geologist or professional engineer registered under chapter 471 as qualified in the field or discipline of professional engineering work performed; or has a minimum of 5 years of verified geological work experience in responsible charge of geological work as determined by the board. Responsible charge is direct control and personal supervision of geological work done by oneself or by others over whom the applicant exercises supervisory authority.

f. Section VI

- i. Applicant must sign the affirmation by written declaration.

- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

g. Section VII

- i. Applicant must provide their name, Social Security number, name of the firm verifying experience, applicant's telephone number and applicant's email address. ii.
Applicants must complete the address of the verifying firm, dates the respondent will be verifying, applicant's job title while employed with the firm and the number of hours worked by the applicant per week and check the appropriate box indicating if employment was full or part time.
- iii. Applicant must provide a detailed description of the work performed, including the exact nature and extent of work performed and the position occupied by the applicant.
- iv. Person verifying experience must check the appropriate box showing their qualification to verify experience. A resume and copy of professional license(s) must be attached.
- v. Person verifying experience must check one of the following boxes indicating the applicant's experience is listed accurately or explain the applicant's experience and position.
- vi. Person verifying experience must sign, print name and title, date and place their professional seal on the form.

h. Section VIII

- i. Applicant must check the box indicating method of licensure.
- ii. Applicant must complete their name, Social Security number, address, dates of attendance and degrees awarded.
- iii. Applicant must sign and date the education release form before mailing to the institution.
- iv. The institution must complete the bottom portion of this form.

i. Section IX

- i. Applicant must provide their name, address and current license number or Geologist In Training Registration number and state in which license or registration was granted.
- ii. Out – of – State Licensing Authority must complete the lower portion of the form providing the date of licensure, the license or registration number, the expiration date, the method of licensure or registration, examination name and if the license or registration is in good standing.
- iii. Licensing agency must provide a signature, title, date and board seal. License or registration verification form should be mailed from the licensing agency to the Department of Business and Professional Regulation.

State of Florida
Department of Business and Professional Regulation
Board of Professional Geologists
Application for Licensure
Form # DBPR PG 4701

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

For additional information see the Instructions at the end of this application.

Section I – Application Type

CHECK TRANSACTION REQUESTED	
<input type="checkbox"/>	Licensure by Exam - \$500.00 fee required [5301/1010]
<input type="checkbox"/>	Licensure by Exam - Upgrade from GIT in Another State to Professional Geologist - \$500.00 fee required (Exam Part II Only) [5301/1014]
<input type="checkbox"/>	Licensure by Exam - Upgrade from GIT in Florida to Professional Geologist - \$350.00 fee required (Exam Part II Only) [5301/1013]
<input type="checkbox"/>	Licensure by Endorsement - \$250.00 fee required [5301/1032]
<input type="checkbox"/>	Provisional License - \$200 fee required [5301/1033]
<input type="checkbox"/>	Licensure by Endorsement with 10 years of licensure- \$250.00 fee required [5301/1037]
Note:	
<ul style="list-style-type: none"> • Applicants applying by endorsement with 10 or more years of licensure must have taken and passed an exam equivalent to or more stringent than the exam required by the Board. • If the applicant has not passed an exam equivalent to or more stringent than the exam required by the Board the applicant will be eligible to take the board required examination. 	
Applicants applying for licensure by endorsement with 10 years of licensure must apply while they hold a valid license in another state(s), or within 2 years after the expiration of such license.	
EXAMINATION INFORMATION	
Please specify examination Part(s) to be taken:	
<input type="checkbox"/>	Part I Only: Fundamentals of Geology
<input type="checkbox"/>	Part II Only: Practice of Geology
<input type="checkbox"/>	Parts I & II: Fundamentals of Geology & Practice of Geology

Section II – Applicant Personal Information

PERSONAL INFORMATION				
Social Security Number*				
FULL LEGAL NAME				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
MAILING ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number	Primary E-Mail Address			

*The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 4051(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Personal Information continued

CURRENT GEOLOGY BUSINESS QUALIFYING INFORMATION (if any)				
Name of Place of Practice:				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
Primary Phone Number		Primary E-Mail Address		
ADDITIONAL GEOLOGY BUSINESS QUALIFYING (if applicable)				
Name of Place of Practice:				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
Primary Phone Number		Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)				
Alternate Phone Number		Fax Number		
Alternate E-Mail Address				
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
3. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
4. Geologist In Training Registration	State	Date (From)	Date (TO)	
Registration Number				
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

Section III –Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Section 2(b) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to question 1, and complete Section III (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III(c), attach additional pages as necessary.

Section III (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section III (b) – Explanation(s) for Background Question 1 - continued

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section III (c) – Explanation(s) for Background Questions 2 through 4

EXPLANATION	
State/Jurisdiction:	Application Type/License Number:

Section IV- Education Qualification

EDUCATIONAL DATA			
<p>SELECT THE HIGHEST GRADE COMPLETED</p>		<p>COLLEGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>	<p>GRADUATE SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>
Name and Address of College or University	Dates Attended	Date of Graduation	Major
COURSE INFORMATION			
<p>This listing should reflect courses completed and passed and the credits earned for each course. If any course listed is not a typical traditional geology course or does not contain within the title <u>GEOLOGY</u> but it is a course in a <u>related</u> science and the applicant is requesting it to be counted, a description of the course must be submitted as an attachment from the university (syllabus, catalog or other material from the university that clearly indicates the course's relation to geology.) Section 492.105(1)(d)2 requires at least 30 semester hours of geological courses.</p>			
COURSE TITLE	COURSE NUMBER	NUMBER OF CREDITS	
Courses		Semester	Quarters (One quarter = 3/4 of a semester hour)
Total Credits:			
(Must equal at least 30 hours total of geological courses)			

Section V – Experience Summary

EXPERIENCE SUMMARY			
<p>Section 492.105(1)(e) F.S., states in part that an applicant needs at least 5 years of verified professional geological work experience, which includes a minimum of 3 years of professional geological work under the supervision of a licensed or qualified geologist or professional engineer registered under chapter 471 as qualified in the field or discipline of professional engineering work performed; or has a minimum of 5 accumulative years of verified geological work experience in responsible charge of geological work as determined by the board. Responsible Charge means one who is accountable for and exercises direct control and personal supervision of oneself's and others' geological work with initiative, skill and independent scientific judgment.</p>			
Employer	Supervised under 492.105(1)(e) Yes / No	Dates	Number of Months
		From: / / To: / /	
		From: / / To: / /	
		From: / / To: / /	
		From: / / To: / /	
		From: / / To: / /	
		From: / / To: / /	
		From: / / To: / /	
Total Months:			
(Required = 60)			

Section VI– Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	

Section VII – Geological Experience Verification

TO BE COMPLETED BY APPLICANT			
Applicant Name		Social Security Number*	
Name of Verifying Firm:	Applicant Phone Number:	Applicant Email:	
Address of Verifying Firm:		State	Zip Code (+4 optional)
Dates Respondent is Verifying (mm/dd/yy) From: To:	Job Title:	Hours worked per week Full Time: Part Time:	
WORK EXPERIENCE			
1. Provide a detailed description of the work performed, including exact nature and extent of work performed.			
2. What was the position occupied by the applicant?			
TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE			
I am a: <input type="checkbox"/> Licensed Florida Geologist PG# _____			
<input type="checkbox"/> Licensed Florida Engineer PE# _____			
<input type="checkbox"/> Other Qualified Professional in the state(s) of: _____ License # _____			
(All verifiers must submit supporting documentation including resume and copy of professional license(s).)			
Check one of the following:			
<input type="checkbox"/> I consider the above statements to be an accurate description of the applicant's experience.			
<input type="checkbox"/> I would describe the applicant's experience and position: _____			
Signature of person verifying experience: _____			
Name and Title (print): _____ Date _____			
PROFESSIONAL SEAL		Please return this form to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-0783	

*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

Section VIII – Education Release

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

TO BE COMPLETED BY APPLICANT		
Please check the appropriate method under which you are seeking licensure as a Professional Geologist. Complete all information pertaining to the Institution and yourself and send to the school(s) you attended. <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement		
Applicant Name		Social Security Number*
Address		
City	State	ZIP Code (+4 optional)
I am submitting an application to the Florida Board of Professional Geologists for licensure as a Professional Geologist. I have advised the Board as follows. Dates of Attendance _____ Degrees Awarded _____ I hereby request confirmation of this information by completion of this form, or similar form used by the institution, and that a copy of official transcripts be forwarded to the Florida Board of Professional Geologists. Signature of Applicant _____ Date Signed _____		

TO BE COMPLETED BY INSTITUTION ONLY	
This is to certify that _____ received his/her _____ Degree/Degrees on _____ from _____ <small>(month/day/year)</small>	
Signature of Registrar	Date
School Seal	
Institution please return this form and transcript to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-0783	

*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

Section IX – License or Registration Verification Form

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

TO BE COMPLETED BY APPLICANT		
If you are applying for Professional Geologist Licensure by endorsement or provisional licensure, you must complete the following.		
Applicant Name		Current License Number and State
Mailing Address		
City	State	ZIP Code (+4 optional)
Send this form to the state(s) of current licensure. If your current license in that state was obtained by means which did not include a written geology exam, forward a copy of this form to the appropriate licensing agency in the state in which you passed the written geology exam. You must have passed the exam with a score of at least 70%. Note: Applicants applying for licensure by endorsement with 10 years of licensure must apply while they hold a valid license in another state(s), or within 2 years after the expiration of such license.		

TO BE COMPLETED BY OUT-OF-STATE LICENSING AUTHORITY		
I certify that the records of the State of _____ show that the above applicant		
1. Was registered/licensed as a Geologist on _____ or Was registered as a Geologist in Training on _____ and was issued License Number _____		
2. Holds a valid license which expires on _____		
3. Held a valid license which expired on _____		
4. Was granted the above license:		
a. By Examination _____		
b. By Grandfather Clause _____		
c. By Reciprocity/Endorsement _____		
5. Took a licensure exam?		
<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, _____ provide passing score Name of the exam _____		
6. Were there any extra points provided on the exam for certain preferences, i.e. Veteran's Preference? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, provide how many points _____		
7. License is in good standing: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Signature	Title	Date
<p>Licensing Agency please return this form directly to:</p> <p>Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-0783</p>		Board Seal