

State of Florida
Department of Business and Professional Regulation
Board of Professional Geologists
Application for Geologist In Training
Form # DBPR PG 4706

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

APPLICATION REQUIREMENTS	
Geologist In Training Registration	<input type="checkbox"/> Pay fee of \$190 payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-VII of this application. <input type="checkbox"/> If you are in your senior year submit Section VI, Letter of Good Standing to your college or university. <input type="checkbox"/> If you are a graduate submit Section VII, Education Verification, 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.
Geologist In Training Registration From Another State	<input type="checkbox"/> Pay fee of \$40 payable to the Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-VIII of this application. <input type="checkbox"/> If you are in your senior year submit Section VI, Letter of Good Standing to your college or university. <input type="checkbox"/> If you are a graduate submit Section VII, Education Verification, 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 VIII, License or Geologist in Training Registration Verification Form to the state in which you hold a Geologist in Training Registration,

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.

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.

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. 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.
- f. Section VI**
- i. Applicant must provide the name and address of the college or university they are attending.
 - ii. Applicant must complete their name, Social Security number, address, dates of attendance and anticipated graduation date.
 - 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.
- g. Section VII**
- i. Applicant must complete their name, Social Security number, address, dates of attendance and degrees awarded.
 - ii. Applicant must sign and date the education release form before mailing to the institution.
 - iii. The institution must complete the bottom portion of this form.
- h. Section VIII**
- i. Applicant must provide their name, address and Geologist in Training Registration number and state in which registration was granted.
 - ii. Out-of-State Licensing Authority must complete the lower portion of the form providing the date of registration, the registration number, the expiration date, the method of registration, examination name and if the registration is in good standing.
 - iii. Licensing agency must provide a signature, title, date and board seal. License or registration form should be mailed from the licensing agency to the Department of Business and Professional Regulation.

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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"/> Geologist In Training Registration - \$190 fee required [5303/1010]
<input type="checkbox"/> Geologist In Training Registration From Another State - \$40 fee required [5303/1032]

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		
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		
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

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 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 V– 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 VI – Letter of Good Standing

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		
Institution Name:		
Address		
City	State	ZIP Code (+4 optional)
Applicant Name		Social Security Number*
Address		
City	State	ZIP Code (+4 optional)
<p>I am submitting an application to the Florida Board of Professional Geologists for the Fundamentals of Geology examination and subsequent registration as a Geologist In Training. In order to make application, I must certify that I am a senior in good standing with my college or university and have successfully completed at least 30 semester hours or 45 quarter hours of geological coursework. With this understanding, I am providing the following information to be certified by the institution at which I am currently enrolled.</p> <p>Dates of Enrollment _____</p> <p>Degree to be Awarded _____</p> <p>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.</p> <p>Signature of Applicant _____ Date Signed _____</p>		

TO BE COMPLETED BY INSTITUTION ONLY	
This is to certify that _____ D.O.B. _____ is anticipated to receive his\her _____ Degree/Degrees with a major in the _____ discipline, on _____ from _____. <small>(month/day/year)</small>	
Signature of Academic Advisor or Department Head: _____ Date: _____ Contact Information: _____	
School Seal or Department Head:	
<p>Institution please return this form and transcript to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-0783</p>	

*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 VII – 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 registration as a Professional Geologist. Complete all information pertaining to the Institution and yourself and send to the school(s) you attended.		
<input type="checkbox"/> Geologist In Training		
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 registration 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 _____ (month/day/year)	
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	

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Section VIII – License or Geologist in Training 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 Geologist in Training Registration with a license or registration from another state, you must complete the following.		
Applicant Name	Current License or Registration 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%.		

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
Licensing Agency please return this form directly to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-0783		Board Seal