

**State of Florida
 Department of Business and Professional Regulation
 Board of Professional Geologists
 Application for Reexamination for Geologist In Training
 Form # DBPR PG 4707**

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

APPLICATION	APPLICATION REQUIREMENTS
Reexamination for Geologist in Training	<input type="checkbox"/> Complete all portions of this application. <input type="checkbox"/> Pay \$165 fee (Make check payable to Department of Business and Professional Regulation).

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, Florida 32399-0783

Instructions

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.

Application Instructions (by section)

- a. Section I**
 - i. Applicant must select the box indicating type of reexamination.
- b. Section II**
 - i. Fill out each section completely.
 - ii. Applicant must list their 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. Applicant must provide their email address and telephone number in the appropriate spaces.
 - v. Applicant must provide their complete mailing address.
 - vi. Applicant must sign the affirmation by written declaration.
 - vii. If the applicant fails to sign the affirmation statement, the Department will not process the application.
- c. Section III**
 - 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.

Applications for reexamination and payment of all fees must be received by the Department no later than 90 days prior to the administration date of the licensure examination for which the applicant wishes to sit.

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Section I – Application Type

APPLICATION TYPE	
<input type="checkbox"/> Application for Reexamination for Geologist In Training [5303/1011]	
EXAMINATION INFORMATION	
Part I Only: Fundamentals of Geology	

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
Last/Surname	First	Middle	Suffix
Email Address:		Phone Number:	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code
County (if Florida address)		Country	

* 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. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III– 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:	

