



# APPLICATION FOR LICENSURE AS A PROFESSIONAL GEOLOGIST BY COMITY INSTRUCTIONS

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## Key Information

- **Be sure your application is complete.** Six months after the application date, if an application remains incomplete, it is automatically considered withdrawn.
- Please read the requirements for licensure by comity in [MN Statute 326.10](#) and further detailed in [MN Rules 1800.0850](#) and [1800.3910-3930](#) prior to applying.
- To find the rules in place in Minnesota at the time of your initial licensure, see the rules archive:  
<https://www.revisor.mn.gov/rules/archive>.
- If any records are under a different name, include with the application a copy of your marriage license, divorce decree or legal name change document.
- You will be notified by letter whether your application was approved or denied.
- If your application is approved, you will receive instructions for obtaining your professional license.

## Application Steps

1. Complete all parts of the application form ([pages 1-6](#)).
2. Complete the “Applicant” portion of the [Experience Reference Form](#) and send to your supervisor(s) for completion. See that form for detailed instructions.
3. Request final official transcripts for all degrees/credits earned. The transcript must show any degree(s) awarded and the date(s) of graduation. If you hold a foreign degree, you must have your education evaluated through [Educational Credential Evaluators \(ECE\)](#). Request a **subject analysis** evaluation.  
Have your evaluation (if applicable) and transcript(s) sent **directly** from the institution to the Board by mail or email ([aelslagid@state.mn.us](mailto:aelslagid@state.mn.us)).
4. Complete the [Verification of Examination/Licensure Form](#) for a state where you are currently licensed and (if different) the state(s) with your FG and PG exam records. Send the form, along with any fee the state(s) may require\*, and a stamped envelope addressed to the Minnesota Board (see address above).  
  
\* Some states charge a fee for verification of your records. To avoid delay in processing your request, you may wish to contact your state to determine if there is a fee or any additional instructions.
5. **Mail the application form and fee of \$75.00, and any required supporting documents to the address above.** Make your check payable to **MN Board of AELSLAGID**.

**If you have questions regarding your application, please call the Board office at 651-296-2388.**

### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. If you fail to provide this data, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, Subd. 4 (2024) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, Subd. 2 (2024), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless it is required by law.



FOR BOARD USE ONLY
Application # _____

## APPLICATION FOR LICENSURE AS A PROFESSIONAL GEOLOGIST BY COMITY

Application Fee: \$75

FOR BOARD USE ONLY
License # _____
Date License Issued _____
License Fee \$ _____

**Part A: Applicant Information** (All fields are required.)

**Note:** If any of the information below changes after you submit this application, you must notify the Board immediately.

1. Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge?  No  Yes (Priority processing)

2. The address below is my (check one):  Home  Business. If **business**, list name: \_\_\_\_\_

3. General/contact information:

Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

US SS # \_\_\_\_\_  
(Or ITIN, if no US Social Security #)

Former Name \_\_\_\_\_  
(If applicable)

Gender:  Male  Female

Street Address \_\_\_\_\_  
(No PO boxes)

Birth Date \_\_\_\_\_  
(MM) (DD) (YYYY)

City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone # \_\_\_\_\_

## Part B: Record of Examination(s) and Licensure

### 1. Geology Examinations

Exam	State Where You Passed Exam	In-Training (IT) or License #	Month and Year Issued	Number of Exam Hours	Were you granted a waiver of the FG Exam?
Fundamentals (FG)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Geology (PG)					

### 2. List all states (other than Minnesota) or countries in which you **currently** hold a professional geologist’s license. Attach a sheet if needed.

WHERE LICENSED	LICENSE #	DATE ISSUED (MM/YYYY)	CHECK METHOD FOR EACH LICENSE			
			Written Exam—List Number of Hours:	Oral Exam	Exemption (Grandfather Clause)	Comity

### 3. Have you ever had a license/certificate in any jurisdiction as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer disciplined, denied, surrendered, suspended or revoked? If **yes**, attach a statement of explanation.

Yes  No

## Part C: Education

List all undergraduate and graduate education. **You must submit an official transcript** from each educational institution. If you hold a foreign degree, you must request a credential evaluation. See [instructions](#) for details.

College/University Attended	City, State, Country	Date Graduated (mm/yyyy)	Degree Received



**Part E: Experience References (Qualifying Experience)**

**Note: Qualifying experience is calculated up to the day you submit your application.** The amount of experience depends upon your education and the requirements in [MN Rule 1800.3910 at the time of your original licensure](#).

1. List all your supervisor(s)\* and their company name and address that will verify all your required qualifying experience. Account for all the time from the receipt of your degree(s) to the present and also any qualifying experience gained prior to graduation, if you are using that time to meet the minimum experience requirement. Attach additional copies of this page, if necessary.

**\*If you were initially licensed on or after July 22, 2013, your experience must be verified by supervisors who are licensed geologists.**

Supervisor Name (List in Chronological Order)	Business Name & Address	Employment Dates Under Supervisor	Geologist* License Number	Issuing State

2. Provide an [Experience Reference Form](#) (included in this application packet) with the “applicant” (your) portion completed to **all the supervisors listed above**. See that [form](#) for further instructions.

## Part F: Rules of Professional Conduct (MN Rules 1805.0100-1805.1600)

Read below, then sign and date. Keep a copy for your records.

### 1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. Purpose. This chapter on professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience, and the use of the title of certified interior design.

Subp. 2. Scope. This chapter is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board.

Subp. 3. Professional responsibility. A. The professional conduct of a licensee or certificate holder must be in accordance with this chapter. B. When providing professional services, the licensee's or certificate holder's primary responsibility is the protection of the public's health, safety, and welfare.

### 1805.0200 OBLIGATION TO PROVIDE FULL DISCLOSURE.

Subpart 1. Public statements. A. A licensee or certificate holder shall avoid any act that may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity. B. A licensee or certificate holder shall be objective and truthful in all professional documents, including but not limited to plans, reports, statements, or testimony. The licensee or certificate holder shall consider relevant and pertinent information in such documents or testimony and express professional opinions publicly only when they are founded upon an adequate knowledge of the facts and a competent evaluation of the subject matter.

Subp. 1a. Credit. In connection with the work for which the licensee or certificate holder is claiming credit, the licensee or certificate holder shall accurately represent the licensee's or certificate holder's qualifications, education, and scope of responsibility for the work. The licensee or certificate holder shall also accurately represent the qualifications, education, and scope of responsibility of any employer, employees, or associates.

Subp. 2. False statements and nondisclosure. A licensee or certificate holder shall not make a false statement or fail to disclose a material fact requested in connection with an application for certification, licensure, or renewal in this state or any other state.

Subp. 3. Knowledge of unqualified applicants. A. A licensee or certificate holder shall not endorse an application for certification or licensure of another person known by the licensee or certificate holder to be unqualified in respect to character, education, experience, or other relevant factor. B. A licensee or certificate holder possessing knowledge of an applicant's qualifications for examination, licensure, or certification shall cooperate with the applicant and the board by responding regarding those qualifications when requested to do so. A licensee or certificate holder shall provide verification of employment and experience earned by an applicant under supervision if there is reasonable assurance that the facts to be verified are accurate. A licensee or certificate holder shall not knowingly sign a verification document that contains false or misleading information.

Subp. 3a. Knowledge of improper conduct by others. A licensee or certificate holder possessing knowledge of any acts prohibited by this chapter, chapter 1800, or Minnesota Statutes, sections 326.02 to 326.15, by a licensee, certificate holder, or unlicensed individual shall report such knowledge to the board. Upon questioning by the board or its representative during an official inquiry into an alleged act, a licensee or certificate holder shall disclose any knowledge the licensee or certificate holder may have in the matter.

Subp. 4. General prohibitions. A licensee or certificate holder shall not: A. circumvent a rule of professional conduct through actions of another; B. engage in illegal conduct involving moral turpitude; C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation; D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or E. permit the licensee's or certificate holder's name or seal to be affixed to plans, specifications, or other documents that were not prepared by

or under the direct supervision of the licensee or certificate holder.

### 1805.0300 CONFLICT OF INTEREST.

Subpart 1. Employment. A licensee or certificate holder shall not accept a project where a duty to the client or the public would conflict with the personal interest of the licensee or certificate holder or the interest of another client. Prior to accepting a project, the licensee or certificate holder shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. Compensation. A licensee or certificate holder shall not accept compensation for services relating or pertaining to the same project from more than one party unless: A. there is a unity of interest between or among the parties to the project; B. the licensee or certificate holder makes full disclosure; and C. the licensee or certificate holder obtains the express consent of all parties from whom compensation will be received.

Subp. 3. Gifts. A. Without the knowledge and approval of the client or the employer, a licensee or certificate holder shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, material or equipment suppliers, or other persons dealing with the client or employer in connection with the work for which the licensee or certificate holder has been retained. B. A licensee or certificate holder shall neither offer nor make any payment or gift to a government official, whether elected or appointed, with the intent of influencing the official's judgment in connection with a prospective or existing project in which the licensee or certificate holder is interested or involved.

Subp. 4. Interpretations. When acting as the interpreter of project contract documents or as the judge of contract performance, a licensee or certificate holder shall render decisions impartially, using the professional judgment of their licensed or certified discipline.

### 1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A. A licensee or certificate holder shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

B. A licensee or certificate holder shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee or certificate holder is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

### 1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee or certificate holder shall not make false or malicious statements that may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

### 1805.0650 COMPETENCE.

Subpart 1. Standards of competence. In practicing architecture, engineering, land surveying, landscape architecture, or geoscience, or when using the title of certified interior designer, each licensee or certificate holder shall act with reasonable care and competence and shall apply the knowledge and skill that is ordinarily applied by such professionals.

Subp. 2. Conformance with state and local laws and regulations. When providing professional services, a licensee or certificate holder shall not violate applicable state and local laws and regulations. Notwithstanding the duty of licensees and certificate holders to follow the law, in proceedings before the board, the board shall consider whether a licensee's or certificate holder's violation follows from incorrect advice on the meaning of a statute or regulation. In such a circumstance, the board shall consider the reasonableness of the licensee's or certificate holder's reliance on the incorrect advice in determining the appropriate sanction, if any, for the violation.

Subp. 3. Qualifications for performing professional services. A licensee or certificate holder shall perform professional

Printed Name

Date

Signature

services only when the licensee or certificate holder, together with those whom the licensee or certificate holder may engage as consultants, is qualified by education, training, and experience in the specific technical areas involved.

### 1805.0700 COMPLIANCE WITH LAWS.

Subpart 1. Violation of laws. Convictions of a felony without restoration of civil rights, or disciplinary action taken against a licensee or certificate holder by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct.

Subp. 2. Incompetence. A licensee or certificate holder adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 1.

### 1805.0800 EMPLOYMENT PRACTICES.

A licensee or certificate holder, as an employer, shall refrain from engaging in any discriminatory employment practice prohibited by law.

### 1805.0900 PROFESSIONAL MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1, shall include any act or practice in violation of the rules of professional conduct in this chapter. A licensee or certificate holder shall not engage in conduct involving bribery, collusion, corruption, fraud, or malfeasance.

### 1805.1500 REGISTRATION.

No corporation, partnership, or other firm engaged in the practice of architecture, engineering, land surveying, landscape architecture, geoscience, or two or more of these professions, shall contract with or accept employment for professional services of an architectural, engineering, land surveying, landscape architectural, or geoscience character as defined in Minnesota Statutes, sections 326.02 to 326.15, unless a member or employee of the corporation, partnership, or other firm in responsible charge of the work is registered and licensed under Minnesota Statutes, sections 326.02 to 326.15, to practice the profession called for by the employment.

### 1805.1600 RESPONSIBLE CHARGE AND DIRECT SUPERVISION.

Subpart 1. Responsible charge; defined. A person in responsible charge of architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work as used in Minnesota Statutes, section 326.14, means the person who determines and reviews design criteria, including technical aspects, advises with the client, and has direct supervision of subordinates during the course of the work and, in general, the person whose professional skill and judgment are embodied in the plans, designs, and advice involved in the work.

Subp. 2. Direct supervision; defined. A person in "direct supervision" of work as referred to in Minnesota Statutes, section 326.12, subdivision 3, means that person who is the employer, an employee of the same firm, or who is under contract to or from another firm and who is in responsible charge of the technical aspects of the architectural, engineering, land surveying, landscape architectural, geoscience, or certified interior design work in progress, and whose professional skill and judgment are embodied in the plans, specifications, reports, plats, or other documents required to be certified pursuant to that subdivision. A person in direct supervision of work directs the work of other licensees, unlicensed professionals, technicians, and clerical persons assigned to that work and is in responsible charge of the project comprising the work being supervised.

**Part G: Certification Statements**

to Be Affirmed by the Applicant

Read the statements, **select the appropriate true/false response**, then **sign** and **date** below.

If you answer “False” to any of the statements, you **must** enclose a statement of explanation for each checked statement. Your application is not considered complete until you provide the required explanation(s).

[MN Rule 1800.0400 Subp. 5 \(2023\)](#)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2024) and the Rules and Regulations adopted thereunder;                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2. I am not under any disciplinary proceeding or action nor had a license or certificate disciplined, denied, surrendered, suspended, or revoked in any jurisdiction up to the date of my application to the Board;                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3. I have never been convicted of a felony;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> True <input type="checkbox"/> False |
| 4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and | <input type="checkbox"/> True <input type="checkbox"/> False |
| 5. I have not performed or offered to perform any services reserved in statute to an individual who is properly licensed as an architect, professional engineer, land surveyor, landscape architect, professional geologist, or professional soil scientist in the State of Minnesota until my license has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.                                                                              | <input type="checkbox"/> True <input type="checkbox"/> False |

**I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS SECTION FOR BOARD USE ONLY**

Application Withdrawn Date
----------------------------

<b>RECOMMEND DENIAL OF APPLICATION</b>
Board Member Signature
Board Member Name
Date

<b>RECOMMEND APPROVAL OF APPLICATION</b>
Board Member Signature
Board Member Name
Date





## EXPERIENCE REFERENCE FORM PG COMITY INSTRUCTIONS

### Applicant Instructions:

This form serves to document in detail your work experience. **Note that experience requirements vary depending upon your education and the [rules in place at the time of your initial licensure](#).** Your experience must have been obtained under the direct supervision of a licensed geologist. Qualifying experience is calculated up to the day you submit your application or the end date provided on the form, whichever is first; you cannot list experience yet to be earned.

1. Complete the areas marked **APPLICANT**. Be sure to sign and date the form (see [middle of page 1](#)).
2. Provide separate copies of this form to each supervisor you listed on [Part E: Experience References](#) of the [PG Comity Application Form](#). Include only the information/hours appropriate to each supervisor on their own copy.
3. When completing the **APPLICANT** fields for the [Description of Work](#) (page 2), be detailed and accurate. Experience must include elements of work listed in this section. **You must mark the applicable element(s) of experience specific to each work/project description you list.** Include only information the particular supervisor completing the form can verify.
4. Provide the supervisor(s) ALL pages of their copy of this form, **including this instruction page**.
5. Ask the supervisor(s) to return this form **directly to the Board office** (see address above). You may wish to provide them with a stamped and addressed envelope for this purpose.

### Supervisor Instructions:

1. Complete all areas marked **SUPERVISOR**. All are **required**. Be sure to sign and date the form (see [bottom of page 1](#)).
2. For the [“Description of Work”](#) (page 2), initial as indicated.
3. Return the form (pages 1 and 2) **directly to the Board office** (see address above).

**IMPORTANT!**

**If you have questions about this form, please call the Board office at 651-296-2388.**

#### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. If you fail to provide this data, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, Subd. 4 (2024) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, Subd. 2 (2024), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless it is required by law.





## EXPERIENCE REFERENCE FORM PG COMITY

Please read the INSTRUCTIONS page before completing.

### 1: General Information and Signatures

#### APPLICANT: COMPLETE THIS SECTION

Applicant Name \_\_\_\_\_  
(Legal first name - no nicknames ) (Last)

Applicant Title \_\_\_\_\_  
(Job title at employer listed below)

Supervisor Name \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Employment Type:  Full Time  Part Time - If part time, indicate hours per week: \_\_\_\_\_

Postmark Date: \_\_\_\_\_  
(MM/DD/YYYY)

Provide a date prior to the application dead-  
line by which you want the supervisor  
to return this form to the Board.

**APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO SUPERVISOR.**  
I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference with respect to my experience and employ-  
ment. I authorize the release of information, favorable or otherwise, **directly** to the Board.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

#### SUPERVISOR: COMPLETE THIS SECTION

The Board requests your cooperation in making its evaluation of the qualifications of the applicant more thorough. All information secured from supervisors/employers is for the use of the Board. In keeping with the [Minnesota Government Data Practices Act](#), the information you provide will be private until the applicant becomes licensed, at which time it will be classified as public information.

Please return this signed and completed form **to the Board** by the postmark date indicated in the box above.

The applicant:

- Worked under my direct supervision:  Yes  No
- Performed geology work in:  Research & Analysis  Planning  Specifications  Code & Standards  
 Economics  Safety  Observation of Ongoing Work  Inspection of Projects
- Provided correct employment dates and hours worked per week above:  Yes  No

If **no**, provide correct dates/hours: \_\_\_\_\_

I hereby certify that the applicant's qualifying geology experience initialed by me on this form was obtained under my direct supervision and I am a duly licensed geologist, as required under the laws of the State of Minnesota ([MN Rule 1800.3910 Subp. 6](#)).

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

PG license # \_\_\_\_\_

State where licensed \_\_\_\_\_

## 2: Description of Work/Projects/Responsibilities

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**APPLICANT:** Use this section to document “varied, progressive, non-repetitive, practical experience in the discipline of geoscience.” (MN Rule 1800.3910 Subp. 6). Mark the element(s) of experience for each description at right (select all elements that apply). Attach additional sheets as needed.

**SUPERVISOR:** Initial next to **every description** you can substantiate in the box on the column at right.

<b>APPLICANT:</b> Describe activities performed in detail. Be sure to mark all applicable elements of experience using boxes to right.	<b>APPLICANT:</b> Mark element of experience.*								<b>SUPERVISOR:</b> Initial below.
	RA	P	SP	S	OW	IP	CS	E	

### \* DEFINITION OF EXPERIENCE ELEMENTS

**RA - RESEARCH AND ANALYSIS:** The systematic investigation of an issue or issues followed by the separations of the parts to determine their nature, proportion, function or relationship.

**P - PLANNING:** A process of developing a scheme for doing a project relating to geology or soil science.

**SP - SPECIFICATIONS:** The documents which set forth a description of the parts of a geology or soil science project.

**S - SAFETY:** The establishment of project parameters which are designed to prevent danger, injury or damage and to enhance security.

**OW - OBSERVATION OF ON-GOING WORK:** The periodic noting and recording of the progress of a project with emphasis

on the following of the language of the specifications as well as any project anomalies.

**IP - INSPECTION OF PROJECTS:** An examination of a project to ensure that elements set forth in the specifications are completed in accordance with that document.

**CS - CODES AND STANDARDS:** National, state, or local laws, rules, or ordinances by which project must be defined and completed.

**E - ECONOMICS:** The definition of project parameters which will maximize income or minimize expenditures on the part of the owner and still result in the final outcome dictated by the project need.



## VERIFICATION OF EXAMINATION AND LICENSURE (PG)

### TO BE COMPLETED BY APPLICANT

Complete **Section A** and send a signed copy to the state(s) that hold your exam records **and** a state where you are currently licensed, if different. **To avoid processing delay, check with them regarding fees or other filing requirements.**

#### Section A: Contact Information and Applicant Authorization

TO: (Address of state board completing form)

Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Last 4 of SS # XX-XXX- Former Name \_\_\_\_\_  
(if applicable)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I am applying to the Minnesota Board of AELSLAGID. I authorize the Verifying Board to provide any and all pertinent information requested.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY VERIFYING BOARD

Complete all relevant items in **Sections B–E** and return to the Minnesota Board at the address above.

#### Section B: Registrations/Licenses Held by Applicant

Registration	Certificate/License #	Date Issued (mm/dd/yyyy)	Expires (mm/dd/yyyy)
Geologist-in-Training			
Professional Geologist			

#### Section D: Investigations or Complaints

Has formal disciplinary action ever been taken against the above-named individual?  
If **yes**, attach a detailed explanation.  Yes  No

#### Section C: Record of Examinations

(Check box next to applicable situation and provide any details requested.)

EXAMINATION (Complete Information applicable to exam type below)

Written Exam	Hours	Exam Date	ASBOG	Results
Fundamentals (FG)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Principles (PG)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Other (describe): \_\_\_\_\_

Was the FG waived?  Yes  No

FG ACCEPTED from the following state: \_\_\_\_\_.

PG ACCEPTED from the following state: \_\_\_\_\_.

COMITY with the following state(s): \_\_\_\_\_.

#### Section E: Verifying Board Signature

The information provided herein is correct to the best of our knowledge.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

