



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

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**GEOLOGISTS AND GEOPHYSICISTS PROGRAM
APPLICATION FOR ENFORCEMENT TECHNICAL REVIEW EXPERT**

Please Attach Resume

| | | | |
|--|------|----------------|-----------------|
| NAME: | | | |
| MAILING ADDRESS: | | | |
| Street | City | State | Zip |
| EMAIL ADDRESS: | | | |
| TELEPHONE NUMBERS:(W) | | (H) | (C) |
| Identify <u>all</u> California Licenses Held: (check all that apply) | | | |
| Professional Engineer: <input type="checkbox"/> Civil <input type="checkbox"/> Structural <input type="checkbox"/> Geotechnical <input type="checkbox"/> Professional Land Surveyor <input type="checkbox"/> Other _____ | | | |
| Lic # _____ Lic # _____ Lic # _____ Lic # _____ Lic # _____ | | | |
| <input type="checkbox"/> Professional Geologist <input type="checkbox"/> Certified Engineering Geologist <input type="checkbox"/> Certified Hydrogeologist <input type="checkbox"/> Professional Geophysicist | | | |
| Lic # _____ Cert # _____ Cert # _____ Lic # _____ | | | |
| Other Licenses Held: _____ | | | |
| Title of License | | License Number | Expiration Date |
| Identify highest degree held related to Engineering, Land Surveying, Geology or Geophysics: (check one) | | | |
| <input type="checkbox"/> Technical <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D. | | | |
| Check the category that best describes your current employment setting: <input type="checkbox"/> Private Industry <input type="checkbox"/> Public Entity <input type="checkbox"/> Educational Institution | | | |
| <input type="checkbox"/> State of California Employee Other _____ How many years: _____ | | | |
| Have you ever participated in technical review of enforcement cases? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: When: _____ | | | |
| Type of case: _____ Tasks Performed: _____ | | | |
| _____ | | | |
| List of Local Jurisdictions, Cities, and Counties where you have expertise/experience: _____ | | | |
| _____ | | | |
| _____ | | | |
| List Areas of Expertise: _____ | | | |
| _____ | | | |
| _____ | | | |

I declare under penalty of perjury, that the foregoing is true and accurate to the best of my knowledge.

Print Name

Signature

Date