



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

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Verification of Licensure or Passage of Examinations

a. Applicant and State Board Information - to be completed by applicant

Name on File \_\_\_\_\_
Last First Middle

Previous Name \_\_\_\_\_
Last First Middle

E-mail address of record \_\_\_\_\_

Address of Record \_\_\_\_\_
(address, city, state, zip code)

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

Board Name: \_\_\_\_\_

Board Address: \_\_\_\_\_
(address, city, state, zip code)

I hereby authorize written release of the information requested below.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

b. Verification of License or Certificate Information – to be completed by affiliated state board

Please note that the Board will not accept scores from ASBOG® Fundamentals of Geology or Practice of Geology examinations taken before November 1, 1996.

Has the above named person passed the ASBOG® Fundamentals of Geology examination?
Yes No Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Score \_\_\_\_\_

Has the above named person passed the ASBOG® Practice of Geology examination?
Yes No Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Score \_\_\_\_\_

Is the above named person licensed and/or certified by your Board?
Yes No Date of licensure \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Is this license in force? Yes No

Have any disciplinary or administrative actions been taken against the above named person?
Yes If yes, please explain using attached sheets No

Prepared by: \_\_\_\_\_

Board Seal:

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_