



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: ____ / ____ / ____