



KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS

P.O. Box 1360, Frankfort, Kentucky 40602 - 500 Mero Drive, 2SC32, Frankfort, Kentucky 40601
(502) 892-4261 - <http://bpg.ky.gov>

APPLICATION FOR CERTIFICATION AS A GEOLOGIST- IN - TRAINING

Name (this is the way your name will appear on certificate)

Present Place of Employment

Address

Address

Address

Address

City State Zip Code

City State Zip Code

() -
Home telephone number

() -
Present employment telephone number

Home e-mail address

Present employment e-mail address

Social Security Number

Title or Position

Date of Birth

Record of College Training:

College/University Name and Location	Dates Attended From / To	Date of Graduation Month / Year	Semester Hours of Geology	Degrees Received

AFFIDAVIT

I do hereby swear or affirm that all statements and information provided herein are true, correct and complete to the best of my knowledge and belief. Any untrue or incorrect statement knowingly made by me on this application shall constitute grounds for such disciplinary action as the Board may determine appropriate.

I agree to fully cooperate in the processing of my application. I will furnish any additional information requested. I hereby grant permission to contact listed references, supervisors, or other who, in the judgment of the Board, may provide information concerning my qualifications for registration, and to divulge information contained in the application or obtained in the evaluation of my qualifications, which is necessary to independently verify my qualifications.

Signature: _____

Date: _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same as a warrant of the statements therein contained, of his/her own free will.

Given under my hand and seal of office of _____ day of _____, 20_____

My commission expires _____
Notary Public