

KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS
PO Box 1360
Frankfort, KY 40602
<http://bpg.ky.gov>

Application for Reinstatement as a Geologist-In-Training

In accordance with KRS 322A.060 (2) When the renewal fee is not paid within ninety (90) days after the expiration date, that individual's certificate of registration shall be suspended and the name shall be deleted from the roster of the Board until the renewal fee is paid. 201 KAR 31:050-Section 4-After the ninety (90) day grace period and before the end of two (2) year, a Geologist-In-Training suspended for failure to renew, may have his certificate of registration reinstated upon: **(1) payment of the reinstatement fee as provided by 201 KAR 31:010, section 3(3); (2) completion of the Application for Reinstatement; and (3) documentation of employment from the time of suspension until the present. The reinstatement fee is \$200.00 (check or money order only) made payable to the Kentucky State Treasurer.**

PLEASE COMPLETE ALL OF THE FOLLOWING:

Name

Present place of employment

Address

Address

Address

Address

City State Zip

City State Zip

Home telephone number

Business telephone number

E-mail address

Business e-mail address

Social Security number (last four digits)

Certification number

1. Have you been convicted of a felony since your last application or renewal? () No () Yes
If yes, list offense and provide details on a separate sheet of paper.
2. Have you been denied registration/certification/licensure in another state? () No () Yes
If yes, give details on a separate sheet of paper.
3. Have you been subject to disciplinary action in another state? () No () Yes
4. Are you currently serving in the military? () No () Yes

Please complete reverse side

5. List any state in which you have become registered/certified/licensed since your last renewal.

6. What is your current primary employment setting? (check one)

- Government Agency
 Private Industry or Business (single employer)
 Consulting (multiple clients or employers)
 Academic Institution
 Other (please describe): _____

7. What is your current primary area of practice? (check one)

- Environmental Geology/Hydrogeology
 Engineering Geology/Geotechnical
 Mineral Resources - Coal
 Mineral Resources - Oil and Gas
 Other (please describe): _____

8. Name and License number of Professional Geologist Supervisor

AFFIDAVIT

I, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification I could be subject to disciplinary action by the Board of Registration for Professional Geologists.

Signature: _____ **Date:** _____
(Sign your name - Do not print or type)