

### Professional Geologist

#### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Driver License**

or State ID Card: \_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

#### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2.  Yes  No Do you CURRENTLY have **any criminal action active or pending**?
3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4.  Yes  No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

If you answered "yes" to question 1 above, please provide a copy of the disciplinary action. If you answered "yes" to questions 2, 3, or 4, please provide a current criminal history report from each and every state where criminal history has occurred.

#### NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

## PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

If you identified a professional geologist license above, please answer the following:

- Yes  No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or our [website](#) for instructions on applying by endorsement.

## EDUCATION PATHWAY

Please select one:

- I have a bachelor's or master's degree in geology from an accredited program. *Submit official transcripts documenting your degree.* **Note:** Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
- I have a bachelor's degree or post-graduate degree in geosciences including the completion of a minimum of 24 semester or 36 quarter hours in upper level or graduate geology courses, which include one or more of the subjects identified in R156-76-302b (1)(b). *Submit official transcripts documenting your degree and use the section below to outline the qualifying courses.*

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Total Credits Received:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Total Credits Received:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Total Credits Received:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Total Credits Received:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

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**Semester:** \_\_\_\_\_ **Total Credits Received:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Total Credits Received:** \_\_\_\_\_

# Verification of Geological Experience

Use this form to verify completion of the qualified experience requirements as outlined in 58-76-302(5).  
Professional practice shall be obtained **after completing the minimum education requirements required by R156-76-302b**.  
The number of hours needed to qualify for licensure varies depending on your education.

## APPLICANT INFORMATION

### To Be Completed by the Applicant:

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street/PO Box City State/Zip*

License Number (if applicable) : \_\_\_\_\_ State of Issue: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

Approximate Number of Hours Worked Per Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

I certify that during the dates and hours listed above I completed the required qualifying experience as outlined in 58-76-302(5).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER INFORMATION

### To Be Completed by the Supervising Geologist or Other Qualified Licensee:

Please review the information above, complete the sections below, sign and seal the document and submit directly to [DOPLbureau5@utah.gov](mailto:DOPLbureau5@utah.gov).

Is the information provided above by the applicant correct?  Yes  No, please attach an explanation.

Name of Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

(Seal and Signature)

# Verification of Geological Experience as a Principal

Use this form to verify licensed practice as a principal geologist for 5 of the last 7 years in another state in lieu of having met the exam requirements for licensure. Additionally, you must provide verification of licensure as outlined in R156-76-302d.

"Principal" means the licensee assigned to and personally accountable for the production of specified professional geologic projects within an organization.

## APPLICANT INFORMATION

### To Be Completed by the Applicant:

Full Legal Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/PO Box City State/Zip

License Number (if applicable): \_\_\_\_\_ State of Issue: \_\_\_\_\_

Dates of Employment as a Principal: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Approximate Number of Hours Worked Per Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

I certify that during the dates and hours listed above I practiced within the legal scope of a licensed geologist and have acted as a principal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER INFORMATION

### To Be Completed by the Supervising Geologist or Other Qualified Licensee:

Please review the information above, complete the sections below, sign and seal the document and submit directly to [DOPLbureau5@utah.gov](mailto:DOPLbureau5@utah.gov).

Is the information provided above by the applicant correct?  Yes  No, please attach an explanation.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

(Seal and Signature)

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### ALL APPLICANTS

The following items are required to complete your application:

- \$165.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".

### LICENSURE BY APPLICATION

- Official transcripts documenting your degree, and any courses listed the Education Pathway of this application. Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
- Verification of Geological Experience. One year of practice shall consist of 2,000 hours of geological work experience under the supervision of a qualified individual within a 12-month period.
- Documentation of meeting the exam requirements outlined in R156-76-302d. Submit one of the options below:
  - a. If you passed the FG and PG for Utah after 2008, the testing vendor will electronically submit the scores directly to DOPL.
  - b. If you passed the FG and PG for a state other than Utah, you must submit official verification from that state, which must include both exams scores.
  - c. If you were not required to take the FG exam upon initial licensure, you must submit:
    - i. Verification of Geological Experience as a Principal documenting at least 5 years of practice as a principal in the last 7 years.
    - ii. Official verification of licensure covering the period of licensed practice documented on the Verification of Geological Experience as a Principal.
    - iii. Official verification of passing the PG.
  - d. If you were not required to take the FG or PG upon initial licensure, you must submit:
    - i. Verification of Geological Experience as a Principal documenting at least 5 years of practice as a principal in the last 7 years.
    - ii. Official verification of licensure covering a period of not less than 10 years of licensed practice.

### LICENSURE BY ENDORSEMENT

If you are currently licensed as a Professional Geologist in another state, have been licensed for at least one year, and are in good standing in a [jurisdiction designated as equivalent to Utah](#) you may apply for **Licensure by Endorsement**. *In addition* to the items required by All Applicants submit:

- Official verification of your license.

Please see [our website](#) for additional information regarding approved states, and if additional documentation is required for your state or circumstances.

**Submit the above items with your completed application to:**

#### **In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

#### **US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741