

INSTRUCTION SHEET

GEOLOGIST

Examination Endorsement of License Restoration

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

To apply under the provisions of the Illinois Professional Geologist Licensing Act, read and follow each of the steps below in the order they are listed. This will aid you in accurately completing your application. The application which you submit is valid for three (3) years from the date of receipt. If you are issued a license, it will expire on March 31 of every odd-numbered year.

Illinois administers the ASBOG examination. Application by licensure method examination is a dual application process. **Applicant must satisfy education and experience requirements PRIOR to making application for examination.** Your application for examination will be evaluated by the Illinois Board of Licensing for Professional Geologists to determine your eligibility for examination. Once your application is evaluated, the Department will notify you of the results of the evaluation. If appropriate, an examination registration form and further instructions will be provided for registration with Continental Testing Services, Inc.

Step I -- Application

Complete the four-page Application for Licensure/Examination as follows:

1. Part I-A, Application Category Information--Select method of application and complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Geologist	196	Examination*	\$250
Licensed Geologist	196	Endorsement of License	\$250

*See Reference Sheet-A for filing deadline.

See Supporting Document **RS for fee amount.

2. Part I-B--Check the box indicating the appropriate information regarding your application.
3. Part II--Application Identifying Information--Enter all applicable information requested. You must include your social security number in box 3.
4. Part III--Education Information--Enter all applicable information in numbers 1 - 5. Indicate all post secondary education, including beginning and ending dates in number 6.
5. Part IV--Record of Licensure Information--Indicate all related licenses/registrations.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com

6. Part V--Record of Examination--If you have ever written a geologist licensure examination, enter all applicable information.
7. Part VI--Personal History Information--Must be completed by all applicants.
8. Part VII--Examination Coding Information--DO NOT COMPLETE THIS PART.
9. Part VIII--Child Support and/or Student Loan Information--Must be completed by all applicants.
10. Part IX--Certifying Statement--Must be signed and dated.

GENERAL INFORMATION FOR ALL APPLICANTS

EDUCATION:

Applicants must have a degree in geology from an accredited college or university with a minimum of 30 semester or 45 quarter hours of course credits in geology, of which 24 semester or 36 quarter hours must be in upper level courses from the following subject areas:

Structural Geology	Geophysics	Mineralogy
Hydrogeology	Petrology	Geomorphology
Engineering Geology	Economic Geology	Paleontology
Glacial Geology	Environmental Geology	Stratigraphy
Field Geology	Terrain Analysis/Remote Sensing	Sedimentology

~~Notice~~

Persons holding degrees from colleges/universities outside the U.S. **must** have their transcripts evaluated by an education credential evaluation service. The evaluation service **must** forward the credential evaluation **directly** to the Department of Financial and Professional Regulation.

If the specific 24 semester or 36 quarter hours in upper level courses are deficient, the Division may, upon recommendation by the Board, allow substitution of professional experience as a geologist. The applicant must provide verification of a minimum of 10 years of professional experience (six in addition to the required four) which may be substituted for 10 semester or 15 quarter hours of the deficient upper level coursework. At least two of the ten years shall have been under the supervision of a licensed professional geologist, or, before July 1, 2000, a licensed professional geologist or engineer.

EXPERIENCE:

A minimum of four years of professional experience in the practice of geologic or directly related work is required. All experience must have been acquired after the completion of the education requirements. An applicant will receive one year of credit for 1500 hours of experience. A maximum of one year experience may be credited to applicants possessing a graduate degree in geology if the courses are not used to satisfy the education requirements. A maximum of one year experience may be credited to full-time faculty members who teach upper level courses in a geology program that meets the criteria in 68 III. Adm. Code 1252.40. **At least 2 years of professional experience must be gained under the supervision of an Illinois licensed professional geologist or a geologist licensed in another jurisdiction having substantially equivalent licensure requirements as Illinois.**

FURTHER INSTRUCTIONS FOR MAKING APPLICATION ON THE BASIS OF ENDORSEMENT

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

All applicants making application for licensure on the basis of endorsement **MUST** hold an active license/registration as a geologist under the laws of another U.S. jurisdiction.

SUPPORTING DOCUMENTS

1. Submit official transcripts, with school seal affixed, of bachelor's degree in geology. Also submit official transcripts, with school seal affixed, of all graduate degree work in geology.
2. **VE-GEO** Form: The Verification of Employment form must be completed to verify a minimum of four years (6000 hours) of professional experience in the practice of geologic or directly related work. Two forms are included in the packet; you are authorized to photocopy the form if needed. The **VE-GEO** forms must be completed by employers. Direct employer to return **VE-GEO** form to you in a sealed envelope.
3. **CT-GEO** Form: A Certification form must be completed by the licensing authority in the U.S. jurisdiction of your original licensure/registration, AND the licensing authority in the U.S. jurisdiction of licensure/registration where you predominately practice. **CT-GEO** must include a description of the licensing examination and the scores obtained. You are authorized to photocopy the form.
4. The fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. All fees are nonrefundable.
5. Mail the four-page application, supporting documents, and fee to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

FURTHER INSTRUCTIONS FOR MAKING APPLICATION ON THE BASIS OF EXAMINATION

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Important Notice: All applications, supporting documents and fee must be received by the Department of Financial and Professional Regulation by the filing deadline noted on Reference Sheet-A. Late applications or supporting documents will not be evaluated but will be placed in pending files for the next available examination.

SUPPORTING DOCUMENTS

1. Submit official transcripts, with school seal affixed, of bachelor's degree in geology. Also submit official transcripts, with school seal affixed, of all graduate degree work in geology.
2. **VE-GEO Form:** The Verification of Employment form must be completed to verify a minimum of four years (6000 hours) of professional experience in the practice of geologic or directly related work. Two forms are included in the packet. You are authorized to photocopy the form if needed. The **VE-GEO** forms must be completed by employers. Direct employer to return **VE-GEO** to you in a sealed envelope.
3. **CT-GEO Form:** If you have ever held a license or registration as a geologist in another jurisdiction, a certification form must be completed by the licensing authority in the jurisdiction of your original licensure/registration, **AND** the licensing authority in the jurisdiction of licensure/registration where you predominately practice. You are authorized to photocopy the form.
4. The fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. All fees are nonrefundable.
5. Mail the four page application, supporting documents, and fee to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

FURTHER INSTRUCTIONS FOR MAKING APPLICATION ON THE BASIS OF RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

SUPPORTING DOCUMENTS

To restore your Illinois Geologist license which has been expired for more than five years, submit the following:

1. **RS form:** Complete the **RS Form**. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.)
2. If restoring after military service, submit a copy of military form DD214.

If your application is based upon active practice in another jurisdiction you must also submit:

- CT-GEO Form** completed by the jurisdiction where you have most recently been practicing geology.
- VE-GEO Form** must be completed to verify your geology practice during the time your Illinois Professional Geologist license was inactive or not renewed. Your employer must complete the **VE-GEO form**. Direct employer to return form to you in a sealed envelope.

If your application is based upon passing the ASBOG examination during the time your Illinois license was lapsed, you must also submit:

- CT-GEO Form** completed by the jurisdiction where you took and passed the ASBOG examination. You must direct the licensing agency/board to return the completed form directly to the Division at the address indicated below.

If your application is based upon other evidence of continued competence in geology, you must submit verification of activities that occurred during the time your Illinois license was lapsed. The activities shall include, but not be limited to:

- VE-GEO Form** verifying employment in a responsible capacity (as determined by the Board) by a licensed professional geologist;
- VE-GEO Form** verifying lawful practice as a geologist employed by a governmental agency;
- VE-GEO Form** verifying teaching geology in a college or university; or
- Verification of attendance at educational programs in geology.

Direct employer to return **VE-GEO form** to you in a sealed envelope.

3. The fee for restoration is noted on the **RS form**. The fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. All fees are nonrefundable.
4. Mail the four-page application, supporting documents, and fee to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those geologists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

REFERENCE SHEET - A

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Professional Geologist	196	Examination*	\$250.00
Licensed Professional Geologist	196	Endorsement	\$250.00

CHART II - EXAMINATION / APPLICATION

***NOTE:** THE APPLICATION FOR EXAMINATION IS A DUAL APPLICATION PROCESS. PLEASE NOTE THAT THERE ARE TWO SEPARATE FILING DEADLINES, ONE FOR EACH ENTITY INVOLVED. ONCE THE APPLICATION HAS BEEN APPROVED BY THE ILLINOIS BOARD OF LICENSING FOR PROFESSIONAL GEOLOGISTS, AN EXAMINATION PACKAGE WILL BE FORWARDED TO YOU. AT THAT TIME, YOU MAY CONTACT CONTINENTAL TESTING SERVICE TO REGISTER FOR THE EXAM. AN EXAMINATION FEE WILL BE REQUIRED WHEN REGISTERING FOR AN EXAMINATION.

CHART III - EXAMINATION DATES

For information on **Examination Dates, Application Deadlines, and Test Center Codes** please visit CTS at www.continentaltesting.net.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED PROFESSIONAL GEOLOGIST
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request to one of the following telephone numbers:

Licensure Methods Except Examination (US ONLY) 1-800-560-6420 TTY 1-866-325-4949 Please allow 6 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method Only 708/354-9911
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Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Licensed Professional Geologist

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
Official transcripts of Bachelor's degree in Geology with seal affixed.	
Official transcripts of all graduate degree work in Geology with seal affixed.	
VE-GEO Form	
CT-GEO Form (<i>original</i> and <i>current</i> state).	
CT-GEO Form from states of predominate practice.	
CT-GEO Form verifying passage of ASBOG Examination.	
Proof of Name Change (if applicable).	
RS (Restoration) Form (restoration method only).	
Copy of DD214 if restoring after military service.	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____-____-____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____-____-____
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____-____-____
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____/____/____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____-____ Home: (____) _____-____ (Area Code) (Area Code) Fax: (____) _____-____ Fax: (____) _____-____ (Area Code) (Area Code)		12. REQUIRED E-MAIL ADDRESS

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Examination Coding Information (This part is for examination applicants only)																								
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:																								
a) CHART II - Select examination(s) you desire and enter Test Codes																								
<table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>																								
b) CHART III - Select the examination site you desire and enter Test Center Code:																								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>																								
c) CHART IV - Find your School of Graduation and enter school code:																								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px; height: 15px;"></td> </tr> </table>																								
d) Record the number of times you have taken this exam in Illinois or any other state:																								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>																								

PART VIII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."</p> <p>Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART IX: Certifying Statement		
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant </td> <td style="width: 50%; border: none; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </td> </tr> </table>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	
<p>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p>		

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 745/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY/BOARD

SUPPORTING DOCUMENT

CT-GEO

APPLICANT: Complete the applicant section of this form then forward this form to the state or territory in which you are requesting certification of your examination status, license or examination scores. Contact the certifying jurisdiction for appropriate fee. Photocopying this form is permissible.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER Area Code (____) - ____ - ____	
8. RECORD THE PROFESSION NAME AS IT APPEARS ON YOUR LICENSE	9. LICENSE NUMBER (If applicable)	10. ISSUANCE DATE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation, or its designated testing service, the information requested below.
Name of Licensing Agency or Board

Signature _____ Date _____

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the Certification. Please record N/A in areas which are not applicable. Return the completed form directly to the applicant.

PART I - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

<input type="checkbox"/> Examination (administered in your state)	<input type="checkbox"/> Acceptance of Examinations Results (administered in another state)
<input type="checkbox"/> National (name) _____	<input type="checkbox"/> Education and Experience (detail facts in Part IV on reverse side)
<input type="checkbox"/> State Constructed _____	<input type="checkbox"/> Other (detail facts in Part IV on reverse side)
<input type="checkbox"/> Other (name) _____	
<input type="checkbox"/> Endorsement of License (state) _____	
<input type="checkbox"/> Reciprocity with (state) _____	

NAME (Last, First, MI):

F. CURRENT LICENSE STATUS

Active
 Inactive
 Lapsed
 Other (Explain) _____

G. IF LICENSED BY EXAMINATION, INDICATE EXAMINATION METHOD

Written
 Practical
 Oral
 Essay

PART II. - CERTIFICATION OF EXAMINATION SCORES

SUBJECT	HOURS OF EXAMINATION	DATE OF EXAMINATION	SCORE
ASBOG Fundamentals of Geology Other: _____			
ASBOG Principles & Practice of Geology Other: _____			

PART III. - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? Yes No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? *(If yes, attach a certified copy of disciplinary action.)* Yes No

PART IV. - DETAILED FACTS OF PART I, E, OF THIS FORM

I certify that the information contained herein is true and correct according to the official records of the State.

Print Name

Title

Signature

SEAL

Agency/Board Street Address

Date

City, State, ZIP Code

Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 745/1 et.seq (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE-GEO

APPLICANT: *Complete the applicant section of this form. Forward the form to the professional supervisor from whom you obtained your experience. The completed form must be returned directly to you for inclusion with your Application for Licensure/Examination. If additional forms are needed, you are authorized to photocopy this form.*

1. NAME LAST FIRST MIDDLE _____ / _____ / _____ <small>Month Day Year</small>	2. DATE OF BIRTH _____ / _____ / _____ <small>Month Day Year</small>	3. SOCIAL SECURITY NUMBER _____ - _____ - _____
4. ADDRESS (STREET, CITY, STATE, ZIP CODE) _____ _____ _____	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ <div style="display: flex; justify-content: space-between;"> Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME _____	7. SUPERVISOR NAME _____	
8. DATES OF EMPLOYMENT From _____ / _____ / _____ To _____ / _____ / _____ <small>Month Day Year Month Day Year</small>	9. EMPLOYER'S NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE) _____ _____ _____	

SUPERVISOR: *Complete the remainder of this form. Return the completed form directly to the applicant in a sealed envelope.*

PART I - EMPLOYER INFORMATION

A. SUPERVISOR NAME _____ _____	B. EMPLOYER'S NAME _____ _____
C. SUPERVISOR'S PROFESSION AND REGISTRATION NUMBER (if applicable) _____	D. EMPLOYER'S ADDRESS (STREET, CITY, STATE, ZIP CODE) _____ _____ _____
E. STATE OF REGISTRATION _____	F. EMPLOYER'S TELEPHONE NUMBER Area Code (_____) _____ - _____

PART II - APPLICANT EMPLOYMENT INFORMATION

A. TYPE OF EMPLOYMENT <input type="checkbox"/> Part-time Hrs/Week _____ <input type="checkbox"/> Full-time Hrs/Week _____	B. TOTAL TIME EMPLOYED _____ Years _____ Months	C. DATES OF EMPLOYMENT (Use exact dates, not "present") From _____ / _____ / _____ To _____ / _____ / _____ <small>Month Day Year Month Day Year</small>
D. DESCRIBE GEOLOGIC PROJECTS IN WHICH THE APPLICANT WAS ENGAGED. SEE DEFINITION ON REVERSE SIDE. 		

PART II - APPLICANT EMPLOYMENT INFORMATION (Continued)

D. DESCRIPTION OF GEOLOGIC PROJECTS (Continued)

E. IN YOUR OPINION, IS THERE ANY REASON WHY THE APPLICANT SHOULD NOT BE LICENSED TO PRACTICE THE PROFESSION OF GEOLOGY? NO YES IF "YES", PLEASE EXPLAIN:

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period(s) listed and that the information I have reported herein is true and correct to the best of my knowledge.

_____ Date

_____ Signature

The following definitions are contained in Section 15 of the Illinois Professional Geologist Licensing Act:

"Geology" means the science that includes the treatment of the earth and its origin and history including, but not limited to, (i) the investigation of the earth's crust and interior and the solids and fluids, including all surface and underground waters, gases, and other materials that compose the earth as they may relate to geologic processes; (ii) the study of the natural agents, forces, and processes that cause changes in the earth; and (iii) the utilization of this knowledge of the earth and its solids, fluids, and gases, and their collective properties and processes, for the benefit of humankind.

"Practice of professional geology" means the performance of, or the offer to perform, the services of a geologist, including consultation, investigation, evaluation, planning, mapping, inspection of geologic work, and other services that require extensive knowledge of geologic laws, formulas, principles, practice, and methods of data interpretation.

Examples of the practice of professional geology include, but are not limited to, the conduct of, or responsible charge for, the following types of activities: (i) mapping, sampling, and analysis of earth materials, interpretation of data, and the preparation of oral or written testimony regarding the probable geological causes of events; (ii) planning, review and supervision of data gathering activities, interpretation of geological data gathered by direct and indirect means, preparation of geological maps, cross-sections, interpretive maps and reports for the purpose of evaluating regional or site specific geological conditions; (iii) the planning, review, and supervision of data gathering activities and interpretation of data on regional or site specific geological characteristics affecting groundwater; (iv) the interpretation of geological conditions on the surface and at depth at a specific site on the Earth's surface for the purpose of determining whether those conditions correspond to a geologic map of the site; and (v) the conducting of environmental property audits.

NAME (Last, First, MI):

SS#:

Profession: