



Nebraska Board of Geologists

Mail to: PO Box 94844
Lincoln, NE 68509-4844

Delivery: 215 Centennial Mall S, Suite 400
Lincoln, NE 68508

Phone: 402-471-8383
Fax: 402-471-0787

Questions? Contact us at nebog.board@nebraska.gov or nebog.nebraska.gov

VERIFICATION OF LICENSURE/EXAMINATION OF A GEOLOGIST

- Section I is to be completed by the applicant.
- Forward this form to the appropriate licensing board who will complete Section II
- The form is to be returned directly to the Nebraska Board using the contact information above. If a verification is emailed or faxed, an original hard copy is not required.
- Some jurisdictions may charge a fee for this service and processing times may vary. You will need to contact the verifying jurisdiction to confirm whether a fee is required and instructions for submitting the request.

SECTION I: APPLICANT INFORMATION

NAME	LAST 4 DIGITS OF SSN
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ADDRESS (STREET, CITY, STATE, ZIP)

SECTION II: VERIFICATION OF LICENSURE OR EXAMINATION

FROM (STATE BOARD NAME)	DATE
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ADDRESS

1. THE ABOVE-NAMED PERSON IS OR WAS REGISTERED/LICENSED AS A:	Certificate or License Number	Date Issued	Valid Until
GEOLOGIST INTERN (GIT)			
PROFESSIONAL GEOLOGIST (PG)			

2. BASIS OF LICENSURE/REGISTRATION

A. <input type="checkbox"/> WRITTEN EXAMINATION	Result	ASBOG Exam? (Yes / No)	Exam Date
FG			
PG			

B. GEOLOGIST INTERN/PROFESSIONAL GEOLOGIST ACCEPTED FROM:

D. OTHER:

3. DENIAL, INVESTIGATIONS AND/OR COMPLAINTS:

A. Has the above-named individual ever been denied registration in your state? (if yes, please give details in REMARKS or on reverse)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has a complaint been filed or has formal disciplinary action ever been taken against the above-named individual? (if yes, please give details in REMARKS or on reverse)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. REMARKS:

6. VERIFIED BY:

NAME	BOARD SEAL
TITLE	
DATE	