



Nebraska Board of Geologists

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

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Lincoln, NE 68508

Phone: 402-471-8383
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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		
ADDRESS (STREET, CITY, STATE, ZIP)			
SECTION II: VERIFICATION OF LICENSURE OR EXAMINATION			
FROM (STATE BOARD NAME)			DATE
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. <input type="checkbox"/> GEOLOGIST INTERN/PROFESSIONAL GEOLOGIST ACCEPTED FROM:			
D. <input type="checkbox"/> 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		