INDIANA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS
INDIANA GEOLOGICAL AND WATER SURVEY
5001 N. State Road 37 Business
BLOOMINGTON, IN 47404-1626
(812) 855-7428

Return form with payment to:
Licensing Coordinator, Indiana Board of Licensure for Professional Geologists
Indiana Geological and Water Survey
5001 N. State Road 37 Business
Bloomington, IN 47404-1626

LICENSE RENEWAL

A Renewal Notice will be sent 2 months in advance of your Renewal Date. If you do not have the notice, please complete this form and return.

First Name Middle Last

Address 1

Address 2

City State Zip

Home Phone

Work Phone

Email

License No.	Renewal Date for Validation	Amount Due

3 Year Renewal Fee	$300.00	$300.00
Late Fee if not paid by Renewal Date	$150.00	
Total Due		

Payments can be made by check, cashier's check, Visa, MasterCard, Discover, American Express and JCB. **Please note that effective January 15, 2015, the Indiana Geological and Water Survey and LPG Program NO LONGER PROCESSES payments received by email, voicemail or fax.**
To make a payment:
1. Mail your form with your check made payable to "**Indiana University**" or with your credit card information at the bottom of the form.
2. Use the IU Secure Online Payment System at https://iubigws-fireform.eas.iu.edu/online/form/index/lpgfees.
3. Call with your payment information and speak to an IGWS Representative during business hours (DO NOT LEAVE THE CREDIT CARD INFORMATION IN A VOICEMAIL)

Please Complete

List other states in which you hold or have held a professional geologist license.
If you are only licensed in Indiana, please write "N/A" in the first blank.

STATES				

Have any complaints been filed against any professional geologist licenses that you hold or have held? Y N
Have any of your professional geologist licenses been disciplined? Y N

FOR OFFICE USE ONLY

KFS DOC ID. #	DATE	PAYMENT #	DATE	AMOUNT	RCT NO.	RECEIVED DATE

The Indiana Geological and Water Survey and LPG Program NO LONGER PROCESSES payments received by email, voicemail or fax.

Signature _____

Name (as it appears on card)

I authorize Indiana University – Indiana Geological and Water Survey to charge my credit card for the total amount due.

Account Number **CVV** **Expiration Date**

Revised 04.28.2026