Indiana Board of Licensure for Professional Geologists

Verification of Registration

Applicant for licensure in Indiana, please complete the top portion and mail to any states in which current licensure or certification is held. The affiliate state board should complete the bottom portion and return to the address listed.

TO BE COMPLETED BY APPLICANT

RETURN TO:
INDIANA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS Indiana Geological and Water Survey
5001 N. State Road 37 Business
Bloomington, IN 47404-1626
ATTN: Licensing Coordinator
Telephone: (812) 855-7428
inblpg@iu.edu

Date: _____

_____
Name of Applicant

_____
Street Address

_____
City, State, Zip

_____
Name of Licensing Agency

_____
Street Address

_____
City, State, Zip

_____ _____
Date of Birth License Number

TO BE COMPLETED BY AFFILIATE STATE BOARD

Section 1.

License/Certification Number: _____

Currently Licensed (yes) (no): _____

Date of Licensure/Certification: _____

Expiration Date: _____

Section 2.

Basis of Registration

ASBOG Exam:

Scores: FG _____ Date Passed _____ PG _____ Date Passed _____

Grandfather Clause in Law ____ Comity/Reciprocity ____ Education and Experience*____ Other (please explain)*____

*If registered by education and professional work experience, please explain minimum qualifications met to obtain licensure/certification.

_____

_____

_____

Section 3.

Have any complaints been filed or has disciplinary action been taken against the applicant? (yes) ___ (no) ___ (If yes, explain on reverse.)

Signature: _____

Printed Name: _____ Board Seal

Title: _____

Date: _____

Revised 10.06.2025