



**EDUCATION**

10. College or University. Specify geology credits in semester or quarter hours. **Arrange for an official transcript to be sent directly from your college or university to the Board office.**

Name: \_\_\_\_\_  
Location \_\_\_\_\_  
Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  
Geology Credits \_\_\_\_\_ Degree \_\_\_\_\_ Date Received \_\_\_\_\_

Name: \_\_\_\_\_  
Location \_\_\_\_\_  
Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  
Geology Credits \_\_\_\_\_ Degree \_\_\_\_\_ Date Received \_\_\_\_\_

Name: \_\_\_\_\_  
Location \_\_\_\_\_  
Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  
Geology Credits \_\_\_\_\_ Degree \_\_\_\_\_ Date Received \_\_\_\_\_

**PROFESSIONAL EXPERIENCE AND REFERENCES**

11. List work experience for *a minimum of the previous five years* as described in Section 1.0, Definitions, in the Rules and Regulations. Start with present position and proceed in reverse chronological order. Show supervisor's address if different from that of the employer. Be brief but supply pertinent facts concerning the degree of responsibility and nature of the geological decisions you have made. Use additional sheets if necessary. **Be sure to identify the Delaware-licensed Geologist who supervised any work you performed in Delaware.**

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No. of Years: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. List the names of five persons, preferably licensed professionals with a geology background, who are familiar with your work as a geologist and will provide professional experience references on your behalf. Make sure these references will document a minimum of five years work experience listed in Question 11.

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

d. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

e. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name  
 Address \_\_\_\_\_  
Street City State Zip

**DISCLOSURES**

13. Are any unresolved complaints pending against you in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
14. Have you ever had your license to practice geology suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**

16. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)?  
 Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
17. Do you have any impairment related to drugs or alcohol that would limit your practice of geology?  
 Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-8 weeks to receive your license.

**AFFIDAVIT**

***Complete this section in the presence of a notary public.***

The undersigned applicant for professional geologist licensure, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ )  
 )SS  
 County or City of \_\_\_\_\_ )

Sworn and subscribed to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_\_.