



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

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www.bpelsg.ca.gov



**APPLICATION FOR PROFESSIONAL GEOLOGIST
AND GEOPHYSICIST EXAMINATIONS**

- Application: \$250** (Non-refundable)
- Geologist-in-Training Applicant (GIT) (taking the ASBOG FG Examination): \$150**
- ASBOG® Fundamentals of Geology (FG): \$150**
- ASBOG® Practice of Geology (PG): \$250**
- California Specific Examination (CSE): \$150**
- Certified Engineering Geologist (CEG): \$100**
- Certified Hydrogeologist (CHG): \$100**
- Professional Geophysicist (PGp): \$100**
- Live Scan Form included** OR **Fingerprint Cards Included (add \$49)**

For more information on applicable fees, go to the Board's website at:

<http://www.bpelsg.ca.gov/applicants/fee.shtml>

MAKE ONE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF CONSUMER AFFAIRS (DCA)

Exam Cycle: Year

For Office Use Only	
ATS ID #	_____
Receipt #	_____
Date Rcvd.	_____
Amount	_____
FP Card Rcvd.	<input type="checkbox"/> Fee Rcvd. <input type="checkbox"/> N/A <input type="checkbox"/>
Mil.	<input type="checkbox"/> Yes
Total Due to Board \$ _____	

**Section 1
General Information**

Please Note: The names and addresses of Board licensees are public records and are published in both electronic and print media, as well as disclosed to the public upon request. You may use a home address, a post office box, a business address, or an alternate address where you can receive mail.

1. Last Name		First Name		Middle Name		2. Social Security No. or ITIN	
3. Address of Record:			City		State	Zip Code	Country
4. Birth Date (MM/DD/YYYY):			E-Mail Address:				
5. Daytime Phone Number (including area code & extension): Ext.			Evening Phone Number (including area code):			Cell Phone Number (including area code):	
6. Are you licensed or registered as a Professional Geologist in any state other than California which required passing scores on the ASBOG® Fundamentals of Geology and/or the Practice of Geology examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to question 8 below)							
Please note: the ASBOG® Fundamentals of Geology or the Practice of Geology examination results before November 1, 1996 will not be accepted.							
7. List states in which you took and passed any licensing examinations.							
STATE		EXAMINATION			DATE TAKEN		
If you answered yes to question (6), complete and submit a " Verification of Licensure or Passage of Examinations " form to the appropriate agency, in the state in which you passed the exam(s), to provide verification of passing the exam(s). <i>Verification is required from the state agency.</i>							
8. Have you previously filed an application for licensure with this Board?							<input type="checkbox"/> Yes <input type="checkbox"/> No
License Type(s):				DATE:			

I certify under penalty of perjury under the laws of the State of California that the information on this application as well as any other documents submitted in support of this application are true and correct to the best of my knowledge.

Applicant's Signature (Wet Signature Required) _____ Date: _____

USE TYPEWRITER OR FILL OUT FORM ONLINE, PRINT, SIGN AND MAIL THIS APPLICATION TO ADDRESS ABOVE

Applicant's Name (Last)

(First)

(M.I.)

Section 2

Education/Experience

NOTE: Applicants who have not previously submitted transcripts, or have new educational credit they want considered, must request and submit sealed, certified transcripts for all relevant degrees and course work (including community college transcripts). Do not have the school submit the transcript directly to the Board. Unsealed transcripts will not be accepted. Foreign transcripts that are not in English do not need to be sealed but a notarized translated copy of the transcripts must be submitted along with the original transcripts. Foreign degree evaluations are not accepted.

Education: List all degrees for which experience credit is requested.					
NAME AND LOCATION OF INSTITUTION	ATTENDANCE (MM/YY)		COURSE OF STUDY	DATE OF DEGREE	TYPE OF DEGREE
	FROM	TO			

WORK EXPERIENCE – (Must complete all information in this section unless you are a GIT applicant.)

List the employer(s), employment dates and name(s) of supervisor(s) for each evaluation <u>accompanying this application</u>				
EVALUATION NUMBER	From MM/DD/YY To MM/DD/YY	Employer	Name of Reference	Reference's License No./State
	Months of Qualifying Experience**	City/State/Country of Employer	Professional Relationship	License Type
1				
	MONTHS**			
	MONTHS**			
	MONTHS**			
	MONTHS**			
	MONTHS**			
	MONTHS**			

*Visit www.bpelsg.ca.gov to view the *Definitions of Critical Concepts* document for the definition of "Qualifying Experience".

9. REMARKS: Use this space for explanatory remarks or additional information, including information relating to Section 4 on page three (3) of this application.

Applicant's Signature (Wet Signature Required) _____

Date: _____

Section 3 Military Service

Are you currently or have you previously served in the military? Yes No

Are you relocating to California as a result of your spouse's/domestic partner's active duty military orders?

Yes No

(If you answered "No" to the question above, please proceed to Section 4.)

Pursuant to Business and Professions Code Section 115.5, the Board shall expedite the licensure process for an applicant who is married to or in a domestic partnership or other legal union with an active duty member of the U.S. Armed Forces who is assigned to a duty station in California under official active duty military orders and who holds a current license in another state, district or territory of the U.S. in the profession for which he or she is seeking licensure. If you would like to be considered for the expedited review process, provide the following documentation:

- 1) A copy of the marriage certificate or certified declaration/registration of domestic partnership;
- 2) A copy of military orders establishing duty station in California; and
- 3) A copy of the current license held in another state, district, or territory of the U.S.
- 4) Write, "MILITARY SPOUSE" on bottom left corner of the envelope to be expedited.

Section 4 Background/Discipline

Pursuant to Title 16, Division 29 of the California Code of Regulations Section 3021.1, **all applicants are required to furnish to the Department of Justice a full set of fingerprints** for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search. For more information on fingerprinting, go to our Question & Answers page at [FAQs](#).

<p>Have you ever been convicted of or plead guilty or nolo contendere ["no contest"] to ANY offense in the United States or a foreign country? This includes every citation, infraction, misdemeanor, and/or felony that resulted in a conviction or a plea of guilty or nolo contendere. NOTE: Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) two years or older should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to Sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Exclusive of juvenile court adjudications and criminal charges dismissed under Section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you ever had an engineering or land surveying related license denied, disciplined, suspended, surrendered, or revoked in any state (other than for lack of minimum qualification or failure of examination)? If YES, explain under "Remarks" in Section 2 on page two of this application.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above questions, you must submit the appropriate certified court documentation and a statement of explanation for each criminal conviction on an additional sheet of paper.

NOTICE: Under the laws of the State of California, the State Board of Equalization and the Franchise Tax Board are allowed to share taxpayer information with the Board for Professional Engineers, Land Surveyors, and Geologists. The laws require a licensee to pay his or her state tax obligation, and his or her license may be suspended if the state tax obligation is not paid.

Applicant's Signature (Wet Signature Required) _____

Date: _____