



**Geologist Licensing and/or
Exam History Certification**

Reciprocity Applicants Only

Mail this completed form to: **Geologist Licensing Board
Department of Licensing
PO Box 9012
Olympia WA 98507-9012**

For questions or language help call (360) 664-1497
or email geologist@dol.wa.gov.



Applicant—Applicant complete this section only

Name			Date of birth (mm/dd/yyyy)
Address			
City	State	ZIP code	States of initial license and/or exam

Certification—Issuing jurisdiction complete this section

License information
The applicant named above was licensed as:

	Certificate number	Date issued	Valid until
<input type="checkbox"/> Geologist	_____	_____	_____
<input type="checkbox"/> Hydrogeologist	_____	_____	_____
<input type="checkbox"/> Engineering geologist	_____	_____	_____

Basis of licensure

Written exam:

	Exam date	Exam date
Fundamentals of Geology	_____	Practice of Geology _____
Engineering Geology	_____	Hydrogeology _____

Reciprocity (state): _____

Grandfathered (state): _____

Answer the following

1. Has any disciplinary action ever been taken against the applicant? Yes No
If yes, please explain (*attach separate sheets, if needed*):

2. If yes, has the applicant satisfied the requirements of the disciplinary action? Yes No
If no, please explain:

PRINT or TYPE name

Title

(Area code) Phone number

Certifying state/jurisdiction

X

Signature

Date