

Geologist WASHINGTON STATE DEPARTMENT OF GEOLOGIST LICENSING Licensing Board Application

You can use this form to apply for appointment to the Geologist Licensing Board.

Send this completed form and a letter of interest detailing why you are interested in a Board member position and what makes you an ideal candidate to:

Geologist Licensing Program Department of Licensing PO Box 9012 Olympia, WA 98507

email: geologist@dol.wa.gov

fax: (360) 570-7098 phone: (360) 664-1497

Applicant				
Board position you are applying for				
	onal as applicable to the Board $\;\;\Box\;$ M $\;$	ember of the gene	eral public	;
PRINT or TYPE Name				
Address				
City	y Stat		e ZII	P code
Email	nail (Are		a code) Home phone number	
Business name		(Area		
Business street address				
City		State		P code
Recommended by (if applicable)				
Education Attach additional sl	heets if needed			
School name	Location	Location		ated Degree
icenses held If applicable t	to the Board			
		License number	Acquired da	ate Expiration date
		2.55.166114111861	, toganou ut	2. producti date

Employment From present to past. Attack	n additional sheets if needed.			
1 Name of company	Your title/position	(Area code) Phone number	Employer/Supervisor name	
Company address		Date from	Date to	
Duties				
2 Name of company	Your title/position	(Area code) Phone number	Employer/Supervisor name	
Company address		Date from	Date to	
Duties				
3 Name of company	Your title/position	(Area code) Phone number	Employer/Supervisor name	
Company address		Date from	Date to	
Duties				
N				
Memberships Attach additional sheets if Professional/community organization	Office held		Date of term (From-To)	
References		14		
1 Name		(Area code) Phone number	(Area code) Phone number	
Address				
Describe how they know you				
2 Name	lame		(Area code) Phone number	
Address				
Describe how they know you				
3 Name		(Area code) Phone number	(Area code) Phone number	
Address				
Describe how they know you				
Additional				
Answer the following Do you authorize release of your crin	minal record to the Depart	tment of Licensing?	☐ Yes ☐ No	
Could you or your family benefit finar	ncially from recommenda	tions made by this Board?	' □ Yes □ No	
Board meetings are held weekdays a Are you willing to come prepared and			□ Yes □ No	
I declare under penalty of perjury under				
true and correct.	V			
	X			

Date and place BPD-600-004C (R/2/20)WA Page 2 of 2

Applicant signature