



Geologist and/or Specialty License Employment and Experience Verification

Applicant instructions

Send a copy of this Employment and Experience Verification form to each of the verifiers listed in Qualifying Experience, of your application. Urge them to respond quickly and directly to the Board office. Unlicensed verifiers must also send their resume for review. If a verifier is deemed not qualified, you will be notified.

If you are applying for a specialty, complete and attach the List of Projects (for Specialty License Only) form for each verifier. If you are self-employed or cannot verify your experience because a client or business is no longer available, please contact our office at (360) 664-1497 or by email to geologist@dol.wa.gov for guidance.



For questions or language help call: (360) 664-1497

Applicant—Applicant complete this section

Applicant name			
License type applying for <input type="checkbox"/> Geologist <input type="checkbox"/> Hydrogeologist <input type="checkbox"/> Engineering geologist			(Area code) Phone number
Current address	City	State	ZIP code
Worked at <i>(Name and location of organization)</i>			
From <i>(month, day, year)</i>	To <i>(month, day, year)</i>	Total calendar months	Average hours per week
Describe roles and responsibilities. If applying for a specialty, attach applicable list of projects.			

Verifier information—Verifier complete this section

The person whose name appears on the previous page has applied to the Board for geologist licensing. Your information will be used to determine the applicant's eligibility for licensure. After completing your verification, please return this form and, if applicable, any attached List of Projects to:

**Department of Licensing
Geologist Licensing Board
PO Box 9012
Olympia WA 98507-9012**

If you are not licensed as a geologist, please attach a copy of your resume.

Verifier name		Title	
Verifier current organization		(Area code) Phone number	
Organization address (<i>Street, city, state, ZIP code</i>)			
Your professional relationship with applicant (<i>Employer, supervisor, coworker, other</i>)			
Your state of licensure	License type	License number	Year of licensure
The Washington Geologist Licensing Board requires that no person shall be eligible for registration as a geologist who is not of good character and reputation. If you believe this applicant does not satisfy this requirement, please explain:			

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____	TYPE or PRINT Name
_____	X
Date and place	Verifier signature