Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS, AND SOIL SCIENTISTS

VERIFICATION OF EXAMINATION OR REGISTRATION

APPLICANT: Complete top portion of this form and forward to registration agency. Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application.

Last Name | First Name | MI | Former / Maiden Name(s)

Address (street, city, state, zip)

Date of Birth: __/__/____ Type of Credential: ☐ Professional Geologist ☐ Hydrologist ☐ Soil Scientist

Original State of Licensure: __ Credential Number: _____

REGISTRATION AGENCY: Complete Section below and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCREDGHSSBOARD@wisconsin.gov.

The above named individual was registered as a/an: Type of Credential: ☐ Professional Geologist ☐ Hydrologist ☐ Soil Scientist

License Issued by the Following Method:

Written Examination	Education/ Experience	Comity	State	License #	Date Granted	Expiration Date
☐	☐	☐			/ /	/ /
☐	☐	☐			/ /	/ /
☐	☐	☐			/ /	/ /
☐	☐	☐			/ /	/ /

If Written Examination, provide:

Hours in Profession _____ Exam Format _____ Scores _____ Date __/__/____

If Education and Experience, explain provisions for registration without Written Examination:

_____

_____

Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?

☐ Yes ☐ No If yes, please give details on reverse side.

_____ __/__/____

Completed By Date

_____ __

Title State

#2391 (Rev. 10/18)
Ch. 470, Stats.

Committed to Equal Opportunity in Employment and Licensing