



STATE OF NEW HAMPSHIRE

APPL# \_\_\_\_\_  
For Office Use Only

TEMPORARY PERMIT FOR  
PROFESSIONAL GEOLOGIST  
\$300.00 application fee

Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

Name \_\_\_\_\_  
Last First Middle

Names Previously Used (if applicable) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
zip code

Email \_\_\_\_\_

State Currently Licensed: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Project Title: \_\_\_\_\_ Project Location: \_\_\_\_\_

Brief Description of Project:

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC - TECHNICAL DIVISION  
121 SOUTH FRUIT ST, SUITE 201  
CONCORD, N.H. 03301

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Find us on the on-line at [www.oplc.nh.gov/geologists/index.htm](http://www.oplc.nh.gov/geologists/index.htm)

## Credit Card Sheets are not accepted via e-mail

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <b>(required)</b>			
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

**CONFIDENTIAL**