



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF TECHNICAL PROFESSIONS**

**Board of Natural Scientists**  
 121 South Fruit Street, Suite 201  
 Concord, N.H. 03301-2412  
 Telephone 603-271-2219 · Fax 603-271-7928



**CERTIFIED NATURAL SCIENTIST RENEWAL FORM**

**Part I. INFORMATION**

CERTIFICATE EXPIRATION DATE \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_  
 NAME \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ PERSONAL PHONE \_\_\_\_\_  
 BUSINESS NAME & ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 Indicate mailing address by check box EMAIL ADDRESS \_\_\_\_\_

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Wetland Renewal Fee \$120.00	Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" <b>OR</b> use the enclosed credit card sheet
<input type="checkbox"/> Soil Renewal Fee \$120.00	Payable by last day of the month of licensee's birth.	
<input type="checkbox"/> Renewal Fee for Both \$240.00	Payable by last day of the month of licensee's birth.	
<input type="checkbox"/> Late fee \$24.00 per month	Include \$24.00 per month or fraction of a month the renewal is late.	
<input type="checkbox"/> First Time Renewal	<b>Only 12 CEH's Required</b>	

PART III. QUESTIONS	Include an explanation if "yes"	YES	NO
1. Have you been convicted of any felonies or misdemeanors that have not been annulled by a court pursuant to RSA 651:5 and if not annulled, the name of the court, the details of the offence and the date of the conviction and the sentence imposed		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any disciplinary or legal action brought against you by any licensing/certification Board or Jurisdiction?		<input type="checkbox"/>	<input type="checkbox"/>

**PART IV. CERTIFICATION**

**RULES OF PROFESSIONAL CONDUCT**  
 I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Soil 500; and  
**CONTINUING EDUCATION**

I attest that the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board and I have complied with the continuing education requirements of Soil 403:

➡ **SIGN HERE** \_\_\_\_\_

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.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
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 :			