LICENSE#_____



STATE OF NEW HAMPSHIRE

REINSTATEMENT APPLICATION FOR PROFESSIONAL GEOLOGIST \$510.00 Reinstatement fee

Update every section of the application from your date of expiration.

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

1. General Information

Name		
Last	First M	liddle
Names Previously Used (if a	pplicable) SS	#
Residence Address		
Business Name		zip code
Business Address		
Indicate mailing address by check box		zip code
Business Phone	Home Phone	
Email		
CHECK ONE:	2. General Information Questions	YES NO
geology or the practice of pr	ed of any felony or any misdemeanor, or a violation invo rofessional geology. If so, name the court, the details f conviction and the sentence imposed.	olving
•	enied registration/licensure as a professional geologist o ng board in any other state and if so, an explanation of	r 🗌 🗌

If the answer is yes to any of the above questions, submit a written explanation with your application

3. References of Character and Qualifications

Applicant will give the names, complete addresses, occupation and business relationship with applicant of 3 references from licensed professional geologists as defined by RSA 310-A:118, IV

Name	Address including zip code	Occupation/License	Business Relationship to Applicant

4 NH BOARD OF PROFESSIONAL GEOLOGISTS CONTINUING EDUCATION ACTIVITY LOG

Complete the continuing education activity log and **include it** with your completed reinstatement application. An applicant may bring an inactive status by obtaining 12 additional continuing education hours for a **total of 36**. Proof of compliance must be retained for 3 years pursuant to Administrative Rule Geo. 403.07 (c) for random audit verification. **Incomplete activity logs will result in return of your reinstatement and delay in processing of the reinstatement of your license. Add additional log sheets if necessary.**

LICENSE EXPIRATION DATE		NAME:	
From:	To: PRESENT	GEO LICENSE NO:	

Date(s) or	Nature of Activity and Sponsoring Organization	CEH's for this Activity
Date Range		Cumulative CEH's for
\vdash		

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 Geo 500; and

CONTINUING PROFESSIONAL DEVELOPMENT

I attest that the information contained in this form and the above continuing education activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 36 approved continuing education hours required by Geo 403.04. I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:



ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – TECHNICAL DIVISION 121 SOUTH FRUIT STREET, SUITE 201 CONCORD, N.H. 03301

Find us on the on-line at www.oplc.nh.gov/geologists/index.htm

rev. 10/16

THE STATE OF NEW HAMPSHIRE BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS 121 SOUTH FRUIT STREET, SUITE 201 CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

An individual has applied to this Board for reinstatement of their license in the State of New Hampshire as a Professional Geologist and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reverse hereof, and assures you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a Professional Geologist before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot reinstate the license of the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for reinstatement. Please make sure that you enter the licensee's name on the reference form.

Very truly yours,

Dawn Coutore

Dawn Couture Supervisor II

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMAT	ION - FOR USE OF BOARD MEMBERS ONLY
1. What is your full name(to be type	···· · · · · · · · · · · · · · · · · ·
2. What is your address	written or printed)
2. What is your address(street and number)	(city or town)
5. What is your present business of profession?	
A Are you a licensed Geologist?	what State? License #
	onal Geologist in accordance with RSA 31-A:125 I?
Yes	
5. How long have you known the applicant? From	То
6 Are you in any way related to the applicant?	
6. Are you in any way related to the applicant?	
7. What has been your business connection with the	e applicant?
-	
8. Do you know anything reflecting adversely on th	e integrity or general good character of the applicant?
9. Please give a brief estimate of the applicant as an	ı geologist.
10. Would you employ the applicant in a position o	f trust?
11. If the applicant is connected with a firm, please	provide its name and address.
	1
12. Is the applicant qualified to be placed in manon	sible charge on expension of work?
12. Is the applicant qualified to be placed in response	sible charge of supervision of work?
13. If the applicant is in individual practice, please	indicate the nature of such practice
14. Do you recommend the applicant for licensure a	as a Professional Geologist?
14. Do you recommend the applicant for needsure a	
15 In much an initial the amplicant has	
15. In my opinion the applicant has year	is of geologist experience.
16. Remarks concerning the applicant	
I make the above statements with full knowledge th	at the person referred to is making application for

licensure to the State of New Hampshire as a Professional Geologist.

Written Signature_____

Reference Form Attachment B

310-A:125 Requirements for Licensure as a Professional Geologist.

I.(a) Applicants for licensure as a professional geologist shall meet the ethical standards set forth in this subdivision and shall have committed no misconduct as set forth in RSA 310-A:133, II. In addition, each applicant shall have a bachelor's degree in geology or a bachelor's degree in a related field which included 30 credit hours or 45 quarter hours in geology from an accredited 4-year college, or a master's or doctoral degree from an accredited graduate program in geology, including but not limited to degrees or credit hours in geochemistry, geohydrology, geomorphology, geophysics, groundwater geology, hydrogeology, hydrogeology, marine geology, mineralogy, mining geology, paleontology, petrography/petrology, sedimentology/stratigraphy/historical geology, or water resources studies; and shall present evidence suitable to the board of at least 5 years of experience in the practice of geology, of which at least 3 years must have been under the supervision of a licensed professional geologist or a geologist who otherwise meets the requirements of a licensed professional geologist as determined by the board. Applicants meeting these ethics, education and experience requirements shall be eligible to sit for an examination to be administered by the board. Unless otherwise provided, applicants shall take the examination and receive a passing score.

(b) Experience in the practice of geology, obtained before the expiration of the period described in paragraph II of this section, may count towards the experience in the practice of geology under the supervision of a professional geologist required in subparagraph I(a) of this section if the supervising geologist met the education and experience qualifications of paragraph II at the time of the relevant experience. For purposes of this section, experience in the practice of geology does not include routine sampling, laboratory work or geological drafting.

(c) A completed academic year of graduate study in geology may be applied either towards a year of the experience requirement of this section up to a total maximum of 2 years, or to the education requirement of this section, but not both.

(d) A completed academic year of college or graduate level teaching in geology may be applied towards a year of the experience requirement of this section.

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) Visa		Masterca	rd (required)
Card Number				(required)
				(
Expiration Date:	Month:	Year:		(required)
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City:				
State/Province:				
Zip/Postal Code:				
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Authorization Signa	ature :			

_{Rev. 5/16} Any payment for issued licenses or certifications are non-refundable.