



Geologist Experience Verification

SECTION I (completed by applicant):

APPLICANT NAME: _____
FIRST MIDDLE LAST

SSN #: _____ **DATE OF BIRTH:** _____

EMPLOYER: _____

CITY STATE ZIP CODE

JOB TITLE: _____ **HOURS PER WEEK:** _____

START DATE: _____ **END DATE:** _____

DESCRIPTION OF WORK PERFORMED: _____

Attach additional pages as necessary

SUPERVISOR: _____ **PHONE:** _____



SECTION II (completed by verifier):

VERIFIER NAME: _____

VERIFIER TITLE: _____

LIST ANY PROFESSIONAL LICENSES HELD:

___ **PROFESSIONAL GEOLOGIST** _____
STATE LICENSE #

___ **OTHER:** _____
STATE LICENSE #

1. Does the work performed by the applicant match the applicant's description of the work listed on page 1? ___ Yes ___ No

If no, please explain: _____

2. Was the applicant supervised by a licensed professional geologist during the experience listed on page 1? ___ Yes ___ No

If no, please explain: _____

3. Do you recommend the applicant for licensure? ___ Yes ___ No

If no, please explain: _____

Signature of Verifier Date