



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
LICENSE #:	EXPIRATION DATE:		
BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose disciplinary action may result in denial, fines, suspension and/or revocation of a license.</i>			
Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)			
		NO	YES
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE	DATE		

**STATE BOARD OF GEOLOGISTS & SOIL SCIENTISTS
REINSTATEMENT APPLICATION
Required Fee: Licensing Fee & Late Fee**

LICENSE TYPE:

- | | |
|-------------------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Geologist | License Fee \$170.00 (GE1427) |
| <input type="checkbox"/> Soil Scientist | License Fee \$170.00 (SS1427) |
| <input type="checkbox"/> Late fee: 1 to 90 days from expiration date \$50.00 (2090) | |
| <input type="checkbox"/> Late fee: 91 days to 2 years \$100.00 (2090) | |

Office Use Only:

1427 - \$170.00
2090 - \$50.00/
\$100.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST MIDDLE INITIAL LAST*

ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my VISA MASTERCARD the following amount: \$ _____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

(check here) **I understand that fees are non-refundable**

SIGNATURE

DATE