



**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	
<p>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.</p>			
SIGNATURE		DATE	

STATE BOARD OF GEOLOGISTS AND SOIL SCIENTISTS EXAM APPLICATION		Office Use Only:
LICENSE TYPE: <input type="checkbox"/> Geologist <input type="checkbox"/> Soil Scientist		<i>Office Use Only:</i> 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)		
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ADDRESS OF CARDHOLDER (please print)		
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____		
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
(check here) <input type="checkbox"/> I understand that fees are non-refundable		
SIGNATURE		DATE

List other professional registrations and licenses that you hold from a governmental body in or out of the State of Maine. DO NOT include certification by a technical, scientific, or any other non-governmental body.

TYPE OF LICENSE	CERT NO.	ISSUING AGENCY	DATE ISSUED

College or University: (Specify credits in geology or soil science in semester or quarter hours.)

NAME AND LOCATION	ATTENDANCE		MAJOR	CREDITS	DEGREE	DATE REC'D
	FROM	TO				

PROFESSIONAL EXPERIENCE: List present employer first. List detail on the Experience Data Sheets provided. List Supervisor's Address on additional Data Sheet if different than Employer. Complete Experience Data Sheet for each entry.

NO. OF YEARS FROM TO		TOTAL TIME	NAME OF EMPLOYER	ADDRESS	SUPERVISOR

PROFESSIONAL AFFILIATIONS

ORGANIZATION	GRADE OF MEMBERSHIP OR OFFICE HELD

List the names of three professionals, preferably registered, that are familiar with your work as a geologist or soil scientist. Each professional listed must complete a "Professional Reference Form".

NAME	ADDRESS	TELEPHONE

REFERENCES. Give the names of two persons (not professionals) who can attest to your character and business integrity. You are required to solicit letters of reference from these two individuals.

NAME	ADDRESS	TELEPHONE

ADDITIONAL DATA (attach additional sheet if necessary)

I understand that I may be required to supply additional data if requested by the Board. _____ initials

EXPERIENCE DATA SHEET

(Photocopy as Needed)

EXPERIENCE Data Sheet _____ of _____

Your Name _____

List experience in the order shown on the Application. Be brief but supply pertinent facts concerning the degree of responsibility and nature of the geological or pedological decisions you have made. Additional sheets may be used if necessary.

DATES		EMPLOYER	TEL:
FROM	TO	ADDRESS	
		SUPERVISOR	TEL:
		ADDRESS	

Task Statement:

DATES		EMPLOYER	TEL:
FROM	TO	ADDRESS	
		SUPERVISOR	TEL:
		ADDRESS	

Task Statement:

STATE BOARD OF GEOLOGISTS AND SOIL SCIENTISTS
PROFESSIONAL REFERENCE FORM
 (Photocopy as Needed)

APPLICANT _____

ADDRESS _____

I have personal knowledge of this applicant's work from _____ to _____

My relationship with this applicant has been that of:

- Employer Supervisor Co-Worker
- Other (Explain)

	EXCELLENT	GOOD	POOR	DO NOT KNOW
Character – Personal Reputation				
Quality of Professional Work				
Application of Technical Knowledge				
Professional Attitude – interest, initiative				

I have personal knowledge of applicant's experience in a responsible position.

Dates		TOTAL Months	Employer
From	To		

Approximate percent of time in Responsible Position as a Geologist or Soil Scientist _____ %

Project, Description of Work, and Comments _____

ADDITIONAL REMARKS OR COMMENTS: _____

SIGNATURE _____

PRINT NAME _____

REGISTRATION NO. _____

PRESENT POSITION _____

STATE _____

EMPLOYER _____



STATE OF MAINE
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 OFFICE OF PROFESSIONAL & OCCUPATIONAL
 REGULATION

**State Board of Geologists and
 Soil Scientists**

35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

Pursuant to 32 M.R.S.A. § 4909(2), in order to qualify to sit for the examination for certification an applicant must be a graduate of an accredited college or university with a major in geological sciences, or have completed 30 credits in geological sciences at an accredited college or university.

Please list separately all courses and credits received in the area of geology below and submit this form when filing your application with our office.

GEOLOGIST APPLICANTS ONLY COURSE NAME	CREDITS
TOTAL	



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
State Board of Geologists and Soil Scientists

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Pursuant to 32 M.R.S. § 4909(2)(A), in order to qualify to sit for the examination for certification an applicant must be a graduate of an approved 4-year college in which the applicant has successfully completed a minimum 15 credit hours of soil or soil-related courses of a pedological nature and 3 years or more of experience in soil science.

Please list separately all courses and credits received in the area of soil science below and submit this form when filing your application with our office.

SOIL SCIENTIST APPLICANTS ONLY COURSE NAME	CREDITS
TOTAL	

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name:		
Mailing Address:		
City:	State:	Zip Code:
Social Security # ____ - ____ - _____	Telephone #: (____) _____ - _____	

ACCOMMODATIONS REQUESTED FOR THE _____ EXAMINATION.
(CHECK ALL THAT APPLY)

- ACCESSIBLE TESTING SITE
- SEPARATE TESTING AREA
- BRAILLE
- LARGE PRINT
- TAPE
- READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- READER AS ACCOMMODATION FOR LEARNING DISABILITY
- SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- SIGN LANGUAGE INTERPRETER
- EXTENDED TIME
- TIME-AND-A-HALF
- DOUBLE TIME
- MORE THAN DOUBLE TIME(SPECIFY): _____
- USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT
(SPECIFY): _____

OTHER _____
COMMENTS: _____

SIGNED: _____ DATE: _____

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION
(see reverse side)

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

TAPED TEST

LARGE PRINT TEST

READER

SCRIBE/AMANUENSIS

EXTENDED TIME:

TIME-AND-A-HALF

DOUBLE TIME

MORE THAN DOUBLE TIME (PLEASE JUSTIFY)

SEPARATE TESTING AREA

USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): _____

OTHER (PLEASE SPECIFY): _____

SIGNED: _____ TITLE: _____

DATE: _____ LICENSE # (if applicable): _____

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

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Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- College or University transcript(s). Transcripts must cover all upper division and graduate credits.
- Three professional references.— complete Professional Reference Form
- Two personal references—solicit 2 letters of reference
- Answer the disclosure question
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.