

STATE OF OREGON
BOARD OF GEOLOGIST EXAMINERS
503-566-2837
osbge.info@state.or.us

APPLICATION FOR A TEMPORARY PERMIT

Name: _____ SSN: _____

Address: _____

Registration No: _____ State: _____ Expiration: _____

Period Temporary Permit is desired _____ (not to exceed 60 days)

Description of Project: _____

Location of Project: _____