

**STATE OF OREGON**  
**BOARD OF GEOLOGIST EXAMINERS**  
**1193 Royvonne Avenue SE, #24, Salem OR 97302**  
**(503) 566-2837**

**APPLICATION FOR COOPERATIVE REGISTRATION AS A**  
**Certified Engineering Geologist**

I currently hold an active license in the state of: \_\_\_\_\_ CEG Examination passed in the state of: \_\_\_\_\_

*Please print legibly or type.*

I have previously made application with the Board [ ]yes [ ] no

1. **Name:** \_\_\_\_\_  
Last(Family)                      First                      Middle                      (As it should appear on wall certificate)

2. Social Security Number: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_  
Month/ Day/ Year

4. Home Address: \_\_\_\_\_  
Street and number                      City, State, Zip

5. Company Address: \_\_\_\_\_  
Company Name                      Street and number                      City, State and Zip

6. Home Phone: \_\_\_\_\_ Company Phone: \_\_\_\_\_  
Area Code                      Area Code

7. Have you ever been convicted of a felony? [ ] Yes [ ] No **If answer is "yes", explain fully on a separate sheet.**

8. **Education:** Enclose official transcript(s) showing degree(s) in Geology or related field unless transcripts are already on file in the Board office.

List number of years in (1) undergraduate study in geosciences; (2) graduate study or research; and (3) teaching college geosciences, which could count as additional qualifying experience. If no degree was earned, write-in semester or quarter credit hours completed and enclose most current transcript(s).

A. Studies (use additional sheet if necessary)

Name of Institution	Location	Dates attended: from/to	Graduated? yes/no	Date of Graduation / Credit hours earned	Which Degree received

B. Postgraduate Work: List short courses, seminars, training programs, extension, night or correspondence courses, not included in 7(A) which may assist the Board in assessing your educational background.


9. Teaching or Research (College or University)

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Name and location of College or University

Dates from/to

Subject or Project (explain on a separate sheet)

10. Please state information regarding your Registered Geologist Examination:

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(State of Examination)

(Date of Examination)

(National or State prepared exam?)

11. Submit copies of geological registrations or licenses issued by any *governmental* body in or out of Oregon that you hold. *Please do not include professional society registrations!*

12. Complete an *Experience Record* (located under the FORMS tab).

13. Provide *Verification of Experience* for each employment period (located under the FORMS tab).

**14. I certify under penalty or perjury or loss of license that the information on this application or any appended sheets is true and correct.**

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Signature of applicant

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Date of application

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Email address

**NOTE:** Your application packet must include the *nonrefundable* \$75.00 Application Fee. Upon approval of your application, a prorated annual CEG fee will be required.

### NOTICE

As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon State Board of Geologist Examiners, you are required to provide your Social Security Number to the Board of Geologist Examiners. This is mandatory. The authority for this requirement is Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and 42 USC 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. Although a number other than your Social Security Number appears on the face of the license, certificate, or registrations issued by the Board of Geologist Examiners, your Social Security Number will remain on file with the Board of Geologist Examiners. This record of your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.