

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

CERTIFIED ENGINEERING GEOLOGIST (CEG) EXAMINATION APPLICATION

Please print legibly or type.

Oregon RG # _____

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: _____
city, state, zip

BUSINESS ADDRESS: _____
company name city, state, zip

5. HOME PHONE: (_____) _____ COMPANY PHONE: (_____) _____
Area Code Area Code

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

7. Teaching or Research (College or University)

Name and location of College or University	Dates from/to	Subject or Project (explain on a separate sheet)
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8. Please complete the attached EXPERIENCE RECORD and return it with this application. A VERIFICATION OF EXPERIENCE form must be completed for each employment number.

9. Submit copies of geologic registrations or licenses which you hold by any governmental body in or out of the State of Oregon. Do not include certifications, etc., issued by any professional society or association.

10. **NOTE:** Your application packet must include a *nonrefundable* \$75.00 Application Fee.

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

Signature of applicant

Date

Email Address