IDAHO BOARD OF PROFESSIONAL GEOLOGISTS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
BOISE, IDAHO 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-Mail: geo@ibol.idaho.gov

APPLICATION FOR RE-EXAMINATION/OR CANCELLED EXAM

Complete this form by providing the requested information and submit it to the address listed above. The signature of the applicant must be notarized. This form is to be completed only if you have **failed the exam** or **cancelled an exam** after the exam has been ordered. Fees are non-refundable. Returned checks are subject to a $20 collection fee.

[ ] PROFESSIONAL GEOLOGISTS EXAM (P.G.) Please enclose $250 for this exam
[ ] G.I.T. EXAM (F.G.) Please enclose $150 for this exam
[ ] I did not fail, but cancelled a previous exam(s). Please enclose $25 for each exam cancelled.

Exams

The Idaho Board will be giving the National ASBOG (Association of State Boards of Geology) examination each spring and fall. All applications and fees must be received at least ninety (90) days prior to the examination date. The schedule for the ASBOG examinations can be found at www.ibol.idaho.gov. Late and/or incomplete applications will be put on file for the following examination. The Board encourages you to allow adequate time for transcripts and references to be received. Information and examination dates concerning ASBOG can be found at: http://www.asbog.org.

1. Full Name (Mr., Mrs., or Ms.) _____
First Middle Last

2. Address of Record_____
(The above address is a public record) Street City State Zip

3. Mailing Address_____
(The above address is not a public record) Street City State Zip

4. Social Security Number _____-_____-_____
(Idaho Code § 73-122 requires all applicants to provide a Social Security Number)

5. Business phone (_____)_____ Cell phone (_____)_____E-mail_____
(The above phone number is a public record) (The above phone number and e-mail are not a public record)

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

AFFIDAVIT

I hereby certify under oath, that I am the person named on this application and; that I am a United States citizen or otherwise lawfully present in the United States and; that all statements herein and on the attached addendum(s) and documentation are true and correct to the best of my knowledge; and that I have read and will conform to the Laws and Rules and Code of Ethics governing the profession for which I am seeking authority to practice and; I hereby agree that any violation of this affidavit or any of the laws or rules shall constitute cause sufficient for denial, suspension, cancellation or revocation of any authority that may be granted to me. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested by about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.
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_____
Applicant Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

_____
Notary Public Official Signature
My Commission Expires_____