



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Registration for Geologists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4575 • contact.geologists@llr.sc.gov • Fax: 803-704-6772
www.llr.sc.gov/geo

PROFESSIONAL GEOLOGIST REGISTRATION INSTRUCTIONS

Requirements

- All applicants applying for a Professional Geologist registration must have graduated from an accredited geologic curriculum of four or more years approved by the board; and provide proof to the board of five years of work experience (four years with a master's degree in geology). Applicants must pass both portions of the National Association of State Boards of Geology (ASBOG) examination.
- Submit Employment Verification(s) showing a minimum of 5 years work experience in the field of geology after graduation from an approved college. Forms should be sent to present or previous employers for completion and forwarded directly to the Board's office.
- Three (3) professional references submitted by geologists or engineers who have known the applicant a minimum of one year and can attest to applicant's character and reputation.
- Verification of Registration/Licensure forms must be forwarded directly to the Board's office from all states where they are registered as a Geologist.
- Transcripts must be in an original sealed envelope directly from the school or college.



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APPLICATION FOR REGISTERED PROFESSIONAL GEOLOGIST

INSTRUCTIONS

Submit the following with your completed application to the above address:

- Check or money order only made payable to the SC Board of Registration for Geologists. **ALL FEES ARE NON-REFUNDABLE. NO CASH IS ACCEPTED.** A returned check fee of up to \$30, or an amount specified by lay may be assessed on all returned funds.
FEE: \$200 – Two year registration
\$150 – Prorated fee for applications submitted after April 1st of even years (2016, 2018, etc.)
- Copy of your valid Driver's License, State Issued ID or Passport.
- Copy of your Social Security card.

Have remitting agency/institution submit the below forms directly to the Board at the above address:

- Official College/University Transcripts - Transcripts must bear the seal of the institution and the signature of the Registrar.
- Three (3) Professional Reference forms. Each form must be completed by a Licensed Geologist or Engineer
- Employment Verification form(s).

NOTE: Incomplete or incorrect statements may be cause for return, disapproval and/or suspension.

APPLICANT INFORMATION

Full Name: _____ Maiden Name: _____

Business Address: _____
Street City State Zip Code

Home Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Home Phone: _____ Business Phone: _____

If applying for a temporary license, length of time at this address? _____

Date of Birth: _____ Social Security No.: _____

Email Address: _____

BACKGROUND INFORMATION

Answer all the questions below; you are required to include a written statement with your application for any questions marked "Yes". If you answer "Yes" to an arrest or conviction; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.).

1. Have you ever been denied a professional license in this state or any other state or jurisdiction? YES NO
2. Have you ever had a business/professional or occupational license denied, reprimanded, restricted, suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this or any other state or jurisdiction? YES NO

3. Have you ever pled guilty or no contest to or been convicted of a felony of any kind or a non-felony crime of moral turpitude or is there any criminal charge now pending? You need not disclose juvenile court convictions or pardoned or expunged crimes.

YES NO

RECORD OF LICENSURE

Have you ever held a registered professional geologist license in S.C. or elsewhere?

YES NO

List all states in which you have been licensed as a registered professional geologist regardless of status: active, inactive, expired, etc. You will need to contact each state board and request a license verification to be mailed directly to the Board. Verification of Registration/Licensure forms must be forwarded directly to the Board’s office from all states where they are registered as a Geologist.

State Registered	Registration Number	From (Mo./Yr./)	To (Mo./Yr.)
Professional Geologist			
Geologist-in-Training			

EDUCATION

List in chronological order from date of graduation all professional education. Attach additional sheet(s) if needed. Certified transcripts must be sent directly from the college or university to the Board in a sealed envelope unless already on file with the Board.

Name and Location of Institution	Attendance (Mo./Yr.)	Degree Received	Date of Degree

EMPLOYMENT HISTORY

List and describe, to a maximum of ten years, your professional practice in sequence, beginning with your most recent position. Employment Verification(s) showing a minimum of 5 years work experience in the field of geology after graduation from an approved college should be sent to present or previous employers for completion and forwarded directly to the Board’s office.

Dates	Employer Name & Address	Job Description	Supervisor’s Name & Phone No.

REFERENCES

Three (3) professional references submitted by geologists or engineers who have known the applicant a minimum of one year and can attest to applicant’s character and reputation.

Name	Address	Phone Number

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

AFFIDAVIT

I, _____, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Geology in South Carolina.

Applicant Signature

Sworn and Subscribed before me this _____ day of _____, 20_____

Notary Signature

Print Name

Notary Public for

Commission Expiration Date

SEAL



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)