

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

REPORT OF RENEWAL INFORMATION FOR CERTIFICATE OF AUTHORIZATION-GEOLOGY, HYDROLOGY OR SOIL SCIENCE FIRM

Professional Geology, Hydrology, or Soil Science Certificate of Authorization to practice as a firm, partnership or corporation must be renewed before August 1, of every even numbered year. To renew, return the enclosed renewal application, fee of \$170.00, and this report of renewal information by mail to PO Box 8935, Madison, WI 53708-8935, by email to DSPSRenewal@wisconsin.gov, or via fax to 608-251-3036. A late filing fee is required for all renewals received by the department after the license expiration date.

1. License/Credential number(s) _____

2. Firm name _____
 Check here if this is a change from that shown on the renewal application.

Previous name _____

3. Mailing address _____

NOTE: If the firm name or mailing address differs from that on the renewal application, the change must be recorded on both this form and the renewal application.

4. Names and addresses of all officers and directors of the firm:

<u>Name</u>	<u>Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Addresses of all branch offices located in Wisconsin:

6. The certificate of authorization should include authorization to provide the following professional services through registered persons (check all that apply). **Note: There must be a Wisconsin license/credential holder employed by the firm for each profession checked.**

Geology **Hydrology** **Soil Science**

7. All licensed employees of a firm licensed in Wisconsin, must complete the Certificate on the back of this form. All licensees are required to possess a personal seal pursuant to Chapter GHSS 1, Wis. Admin. Code. The seal, name, profession, registration number, address and signature must be included in the Certificate. (Attach additional pages if necessary.)

8. Any changes in the above information during the two-year registration period must be reported in writing to the Department of Safety and Professional Services, Division of Professional Credential Processing, P.O. Box 8935, Madison, WI 53708.

9. Name _____
Title _____
Signature _____ Date _____

Wisconsin Department of Safety and Professional Services

CERTIFICATE

I certify that I am employed by _____
(name of corporation)

and that I have a current license in professional geology, hydrology or soil science which is being practiced in Wisconsin through said firm.

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____

(SEAL)

Responsible licensee ___ Yes ___ No

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____