

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
Email: 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

FIRM TYPE (Select one) Geologist Hydrologist Soil Science

Professional Firm Certificate of Authorization to practice as a firm, partnership or corporation must be renewed before August 1, 2024.

1. Credential number _____

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. 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.)

7. 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.

8. Name _____

Title _____

Signature _____ Date _____

(Provide a digital signature or print and sign form.)

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)

(SEAL)

Name _____
Profession _____
Registration Number _____
Address _____

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____ SIGNATURE _____
(Provide a digital signature or print and sign form.)

(SEAL)

(SEAL)

Name _____
Profession _____
Registration Number _____
Address _____

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____ SIGNATURE _____
(Provide a digital signature or print and sign form.)

(SEAL)

(SEAL)

Name _____
Profession _____
Registration Number _____
Address _____

Name _____
Profession _____
Registration Number _____
Address _____

SIGNATURE _____ SIGNATURE _____