

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS INFORMATION FOR COMPLETING GEOLOGIST, HYDROLOGIST OR SOIL SCIENTIST APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Initial Applicants:

1. **Application for Geologist, Hydrologist or Soil Scientist License (Form #2084)**
2. **Credential Fee**
3. **Experience Record (Form #2392)** – Include as many applicable experience requirements as possible. Provide a complete chronological listing of your background, beginning with your education.
4. **Peer Review Evaluation Form (Form #2849) (if applicable)** – If you have acquired your experience through peer review system, submit three (3) peer review evaluations. Complete either the Peer Review Evaluation Form OR Supervised Experience Evaluation Form.
5. **Supervised Experience Evaluation Form (Form #2913) (if applicable)** – If you have acquired your experience under the supervision of a licensed professional in your field, have a supervisor complete this form. Complete either the Peer Review Evaluation Form OR Supervised Experience Evaluation Form.
6. **Applicant Appraisal Form (Form #2086)** - Provide references from at least five (5) individuals, at least three (3) of whom shall have personal knowledge of your professional experience in your field and at least one (1) of whom shall be licensed in the profession you are applying for.
7. **Supplemental Form (Geologist Form #2085, Hydrologist Form #2400, Soil Scientist Form #2395)** – To reflect the geology, hydrology or soil science courses taken. Transcripts must be submitted to substantiate all courses listed.
8. **Official Transcripts** - Official transcripts showing courses taken and degrees received are required. A bachelor's degree is required. **Transcripts must be sent by the college or university to DSPS. Unofficial copies of transcripts are not acceptable.** If you attended more than one school, and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s).
9. **Examination Requirements** – Evidence of successful completion of the Fundamentals of Geology Examination and the Principles and Practice of Geology Examination.

Comity Applicants: (currently licensed in another state)

To be eligible for licensure in Wisconsin by comity, you must have passed an examination as part of your licensure requirement for another state and must hold a current license in another state. For all applications for licensure by comity, Wisconsin requires that the licensure requirements of the other state, territory, or country that issued the license are substantially equivalent to the requirements of this state.

In addition to submitting the documents listed in 1-8 above, you must submit:

Verification of Examination or Registration (Form #2391) – Completed by each state in which you have been issued a license. Form letters from other jurisdictions are acceptable. Verifications must be returned directly to DSPS and must include exam scores and licensure status.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS APPLICATION FOR GEOLOGIST, HYDROLOGIST OR SOIL SCIENTIST LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>	
Address (street, city, state, zip code) <input style="width:95%;" type="text"/>			Daytime Telephone Number <input style="width:95%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>			Date of Birth <input style="width:95%;" type="text"/>	
Social Security Number <input style="width:95%;" type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.				
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
Have you ever been licensed in Wisconsin as a Geologist, Hydrologist or Soil Scientist?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width:95%;" type="text"/>
E-mail Address <input style="width:95%;" type="text"/>				
Examination: If you have taken any examinations in Wisconsin or any other state, list details below. <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/>				

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial Applicants**
\$ 56.00 Total Fee Attached
- Comity Applicants (currently licensed in another state)**
\$ 56.00 Total Fee Attached

For Receiving Use Only (13/111/112)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under "Professions" and select the hyperlink for your profession.

Qualifications: (check one box indicating how you qualify)

Passed Wisconsin examination Date Passed: / / Comity (currently licensed in another state)

Education: Official Transcript(s) Required. (attach additional sheet if necessary)

College(s) Attended	Degree Received	Date of Graduation	Major

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (Include all active and inactive states.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Examining Board of Geologists, Hydrologists and Soil Scientists. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

--	--	--	--	--	--	--	--	--	--	--	--	--	--

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA).
 For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature:
(Print and Sign Form)

Date: / /