

# 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](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS, AND SOIL SCIENTISTS

### VERIFICATION OF EXAMINATION OR REGISTRATION

**APPLICANT: Complete top portion of this form and forward to registration agency.** Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application.

Last Name	First Name	MI	Former / Maiden Name(s)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>			

Address (street, city, state, zip)

Date of Birth:   /   /     Type of Credential:  Professional Geologist  Hydrologist  Soil Scientist

Original State of Licensure:   Credential Number:

**REGISTRATION AGENCY: Complete Section below and return directly to DSPS:** You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [DSPSCREDDGHSSBOARD@wisconsin.gov](mailto:DSPSCREDDGHSSBOARD@wisconsin.gov).

The above named individual was registered as a/an: Type of Credential:  Professional Geologist  Hydrologist  Soil Scientist

**License Issued by the Following Method:**

Written Examination	Education/ Experience	Comity	State	License #	Date Granted	Expiration Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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**If Written Examination, provide:**

Hours in Profession  Exam Format  Scores  Date   /   /

**If Education and Experience, explain provisions for registration without Written Examination:**

**Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?**

Yes  No If yes, please give details on reverse side.

/   /

Completed By

Date

Title

State