

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

INSTRUCTIONS FOR LATE RENEWAL OF CREDENTIAL

(Late Renewal for Credentials After More Than 5 Years of Expiration)

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

A. Required Information to be submitted

- Application for Late Renewal(**Form #2722**).
- The \$81.00 initial credentialing fee must accompany the completed application. The amount is the \$56.00 credential fee plus a \$25.00 late penalty fee. Please make check or money order payable to Department of Safety and Professional Services.
- Experience Record (**Form #2392**) to provide a complete listing of experience during the time-period you did not hold or have held a license in another state. Any alterations will void this form.
- Verification of Examination or Registration (**Form #2391**) to be completed by **each** state in which you have been issued a license, if you hold or have held a license in another state. The certification form must be sent by the state directly to our office.
- Applicant Appraisal Form for Late Renewal (**Form #2723**) - References from three professionals in your field who have personal knowledge of your current experience. Family members cannot act as a reference. Type or print your name in the box at the top of the form prior to distribution. Each reference should complete Form #2723 and return it to you so you can submit all three references with your application.

B. Wisconsin Statutes and Administrative Code

A copy of the Wisconsin Statutes and Administrative Code Relating to the Practices of Professional Geologists, Hydrologists, and Soil Scientists is available on the Department website at <http://dsps.wi.gov>.

C. Other Information

The "Application for Late Renewal of Credential" (**Form #2722**), should only be submitted if you have completed the requirements listed above.

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS, AND SOIL SCIENTISTS
APPLICATION FOR LATE RENEWAL OF CREDENTIAL
(Late Renewal for Credentials After More Than 5 Years of Expiration)

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

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (street, city, state, zip)		Daytime Telephone Number	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different)		Date of Birth	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security #	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.		
<input type="text"/>			
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 Professional Geologist, Hydrologist, or Soil Scientist?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your credential number:
			<input type="text"/>
Email Address			
<input type="text"/>			

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

For Receiving Use Only (13/111/112)

- Late Renewal of Credential Expired More Than 5 Years
\$ 81.00 Late Renewal Credential fee
- Geologist
- Hydrologist
- Soil Scientist
- \$ 81.00 Total Fee Attached**

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #2722**) and appropriate fee
- Convictions and Pending Charges (**Form #2252**), if applicable
- Experience Record (**Form #2392**)
- Verification of Examination or Registration (**Form #2391**)
- 3 References: Applicant Appraisal Form for Late Renewal(**Form #2723**)
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

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

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) 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 or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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; 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; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

CREDENTIAL HISTORY

Type of Credential Applying for: Professional Geologist Hydrologist Soil Scientist

Wisconsin License/Credential Number: Expiration Date: / /

Are you licensed in another state? Yes No

If yes, provide the name of each state or country in which a license was obtained, license number, date granted, and the expiration date. Please indicate if license was obtained through examination or reciprocity.

Examination	Reciprocity	State	License #	Date Granted	Expiration Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign)