BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Building #4 Boise, ID 83714 or P.O. Box 83720, Boise ID 83720-0063 Phone: (208) 334-3233 Website: <u>https://dopl.idaho.gov</u> E-mail: <u>geo@dopl.idaho.gov</u>

NOTICE OF INTENT TO PRACTICE GEOLOGY IN THE STATE OF IDAHO

MAY NOT TO EXCEED 30 DAYS PER CALENDAR YEAR (AS REQUIRED UNDER IDAHO CODE § 54-2822)

The practice of professional geology is allowed, without Idaho registration, under the following conditions: (See Idaho Code § 54-2822 for further information and additional exemptions.)

- 1. Person is not a resident of Idaho and has no established place of business in Idaho
- 2. Practice of professional geology does not exceed 30 days in any one calendar year.
- 3. Person is licensed or registered in a state in which equivalent requirements and qualifications are in place.
- OR:
- 4. If conditions of items 1 and 2 above exist, and person has applied to the Board for registration.

Persons practicing professional geology under the conditions described above are required to file with the Board, on or prior to entering Idaho to conduct such work, the following information. Notice should also be made to the Board when work is completed. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

1. Full Name (Mr., Mrs., or Ms.)		
2. Address of Record		
(The above address is a public record.) Street	City	State Zip
3. Mailing Address		
(Will be used as address of record if none provided above.) Street/PO	Box City	State Zip
4. Social Security No. / / / (This is not a public record; required by I.C. § 73-122.)	Birth Date / / /	
5. Business Phone ()Other Phone ((The above phone number is a public record.) (The above information of the phone number is a public record.))E-mail tion is not a public record.) (This is not a public	record; required by I.C. § 67-2609
6. State of Licensure, Registration or Certification _		
7. DATES OF WORK: Beginning /	Ending / / /	
	Signature of Applicant Date	
State of, County of Subscribed and sworn before me this day of	, ss, 20	
•	Public Official Signature	