

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Registration for Geologists

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4575 • Contact.Geologists@llr.sc.gov • Fax: 803-896-4554
llr.sc.gov/geo

PROFESSIONAL GEOLOGIST RECIPROCITY OR ENDORSEMENT INSTRUCTIONS

Reciprocity Requirements

Note: South Carolina currently has reciprocity with North Carolina, Georgia and Virginia. Reciprocity with these states exempts testing only.

- All applicants applying for a Professional Geologist registration through reciprocity must have graduated from an accredited geologic curriculum of four or more years with a minimum of 30 semester hours or 45 quarter hours in geology or geophysics, approved by the board; and provide proof to the board of five years of work experience (four years with a master's degree in geology). Georgia and North Carolina applicants who were registered under the grandfather provisions must provide verification of at least five years of responsible professional work experience after the date of registration. Virginia applicants who were registered under the grandfather provisions must provide verification of at least seven years of responsible professional work experience after the date of registration.
- Submit Employment Verification(s) showing a minimum of 5 years work experience in the field of geology after graduation from an approved college. Forms should be sent to present or previous employers for completion and forwarded directly to the Board's office.
- Three (3) professional references submitted by geologists or engineers who have known the applicant a minimum of one year and can attest to applicant's character and reputation.
- Verification of Registration/Licensure forms must be forwarded directly to the Board's office from all states where
 they are registered as a Geologist.
- Transcripts must be sent directly from the school or college to the Board in a sealed envelope.
 - Applicants originally registered in Texas: The South Carolina Board has determined that persons holding licenses issued in Texas based upon the qualifications set by Texas statute since September 1, 2003, hold a license based upon comparable licensing requirements. These applicants will not be required to submit official transcripts. Individuals who hold licenses in Texas which were issued based upon different qualifications than those currently in effect will be considered on a case by case basis.

Endorsement Requirements

Applicants for registration by endorsement must complete the same application process as candidates for reciprocity
and hold a current, active, and unrestricted license under the laws of another state or territory that had requirements
that were, at the date of licensure, equivalent to the requirements in effect at the time of the application in South
Carolina.



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APPLICATION FOR REGISTERED PROFESSIONAL GEOLOGIST BY RECIPROCITY OR ENDORSEMENT

INSTRUCTIONS

Submit the following with your completed application to the above address:

Check or money order only made payable to the SC Board of Registration for Geologists. ALL FEES ARE NON-REFUNDABLE. NO CASH IS ACCEPTED. A returned check fee of up to \$30, or an amount specified by lay may be assessed on all returned funds.

FEE: \$200 – Two year registration

\$150 – Prorated fee for applications submitted after April 1st of even years (2016, 2018, etc.)

- Copy of your valid Driver's License, State Issued ID or Passport
- Copy of your Social Security card

Have remitting agency/institution submit the below forms directly to the Board at the above address:

- Official College/University Transcripts Transcripts must bear the seal of the institution and the signature of the Registrar.
- Three (3) Professional Reference forms. Each form must be completed by a Licensed Geologist or Engineer.
- Employment Verification form(s)
- Verification of Licensure form(s)

Indicate Type of Applica	ation: Reciproci	ty	Endorsement		
Note: South Carolina curre	ntly has reciprocity with I	North Carolina, Georgia a	nd Virginia. Recipro	ocity with these state	es exempts testing
APPLICANT INFORM	ATION				
Full Name:			1	Maiden Name:	
Business Address:	Street		City	State	Zip Code
Home Address:	Street		City	State	Zip Code
Mailing Address:			,		-
	Succi		City	State	Zip Code
Home Phone:		Business I	Phone:		
Date of Birth:	_ Social Security No.:	F	Email Address:		

Have you ev	er held a registered	d professional geol	logist license	in S.C. or elsewhe	re?		☐ YES ☐ NO
expired, etc. Verification	You will need to	contact each state	board and r	red professional ge equest a license ve ded directly to the	rification to b	e mailed direc	etly to the Board.
	Registered	Registration ?	Number	From (Mo	o./Yr./)	То	(Mo./Yr.)
Professional (Geologist						
Geologist-in-	Training						
	DUND INFORMA		ed to includ	e a written statem	ent with you	r application f	or any questions
marked "Ye		Yes" to an arrest of		; you will need to a			
			al license in	this state or any oth	er state or jur	risdiction?	☐ YES ☐ NO
rev				cupational license			
jui	saletion.						YES NO
turj				onvicted of a felon g? You need not di			
							☐ YES ☐ NO
	nological order fro			ssional education. A ty to the Board in			
Na	me and Location of	Institution	Attend	ance (Mo./Yr.)	Degree	Received	Date of Degree
List and deposition. En	nployment Verifica proved college sho	tion(s) showing a	minimum of	ssional practice in 5 years work expe vious employers fo	rience in the f	ield of geology	after graduation
Date	Employ	yer Name & Address	3	Job Descri	ption	Supervisor's N	Name & Phone No.

RECORD OF LICENSURE

REFERENCES

Three (3) professional references submitted by geologists or engineers who have known the applicant a minimum of one year and can attest to applicant's character and reputation.

Name	Address	Phone Number
PRIVACY DISCLOSURE		

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

SEAL

Commission Expiration Date



STATE OF SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the Uni	ted States.				
The undersigned	d Last name), of, Of				
(Print clearly First, Middle, an being first duly sworn deposes and states as f					
Check only one box:					
1. I am a United States citizen; or					
2. I am a Legal Permanent Resident of	the United States eighteen years of age or older; or				
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.					
4. Other:Plea	se submit any documentation that supports this status.				
Date of Birth:					
Alien Number:	I-94 Number:				
(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)					
Section B: ATTESTATION.					
I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).					
I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.					
I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.					
Signature of Affiant					
SWORN to before me thisday of	, 20				
Notary Signature					
Print Name					
Notary Public for					

Rev: 02-02-2015

My Commission Expires: __

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

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