

South Carolina Department of Labor, Licensing and Regulation **South Carolina Board of Registration for Geologists**

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VERIFICATION OF LICENSURE

Name: Registration/License No		gistration/License No.:	
Address:			
.ddress:Street	City	State	Zip Code
o be completed by Respondin	g Board:		
our records show the applicant r	named above:		
. Was registered on: (Date)			
. Registration No.:			
. Now holds a valid registration	on which will expire on:		
. Held a valid registration wh	ch expired on:		
. Was found to be qualified for	or registration on the basis of:		
☐ Our written exam: Pass	ing Score: Applic	ant's Score:	
Is it your opinion that your s	tate examination is equivalent to the	e National Examination (ASBOG)?	☐ Yes ☐ N
☐ Oral Exam			
☐ National Examination: (F	lease include scores)		
O Fundamentals of Geo	logy O Principles and Practice of	Geology	
☐ Education:	years; and experience of	years.	
☐ Comity/Reciprocity with			
in conney/receiptoenty with	State		
☐ Grandfather Clause in Ou	ır Law		
Other:			
Date:	Signed:		
(SEAL)			
	Telephone:		

Please submit this form to the Board at the above address.