

**ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL  
GEOLOGISTS**

2740 Zelda Rd, Box #5  
Montgomery, AL 36106  
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(334) 263-6115 (fax)  
Email: [geology@alstateboard.com](mailto:geology@alstateboard.com)  
Website: [www.algeobd.alabama.gov](http://www.algeobd.alabama.gov)

**APPLICATION FOR TEMPORARY PERMIT (90 DAYS) AS A GEOLOGIST  
(ONE TEMPORARY PERMIT PER CALENDAR YEAR)**

**INSTRUCTIONS TO APPLICANT**

1. The Application form must be typewritten, fully completed, signed, notarized and accompanied by the requisite fee (\$250.00) BEFORE it will be accepted for consideration by the Board. Enclose two (2) recent (less than two years old) passport size color photographs.
2. Non-refundable fee MUST accompany the application. Do not send cash. Make checks or money orders payable to "Alabama Board of Licensure for Professional Geologists" (ABLPG).

FIRST NAME	M INITIAL	LAST NAME
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MAILING ADDRESS		
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CITY	ST	ZIP
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BUSINESS NAME		
<hr/>		
BUSINESS ADDRESS		
<hr/>		
CITY	ST	ZIP
<hr/>		
BUSINESS TELEPHONE		FAX
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EMAIL ADDRESS		SOCIAL SECURITY #
<hr/>		<hr/>
DATE OF BIRTH		PLACE OF BIRTH
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LIST YOUR LICENSE NUMBER(S) AND ISSUING STATE(S): Please provide a letter of good standing from each state.

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LIST THE COMPANY AND LOCATION OF JOB:

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GENERAL NATURE OF GEOLOGIC/HYDROLOGIC STUDY:

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ARE YOU THE PRINCIPLE GEOLOGIST/HYDROLOGIST ON THE JOB  
\_\_\_\_YES \_\_\_\_NO. IF NOT WHO? (LIST THE NAME, LICENSE STATE AND  
NUMBER OF INDIVIDUAL)

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IS THE WORK SUBJECT TO REGULATORY APPROVAL OR ACCEPTANCE?  
\_\_\_\_YES \_\_\_\_NO. IF YES, WHICH AGENCY:\_\_\_\_\_

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NAME THE LOCATION(S) OF THE WORK BEING  
PERFORMED:\_\_\_\_\_

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Signature and Seal of Applicant \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_:

\_\_\_\_\_  
Notary Public

My Commission Expires:\_\_\_\_\_