

**ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS**

**PO Box 301010**

**Montgomery AL 36130-1010**

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**APPLICATION FOR RENEWAL OF ABLPG LICENSE**

PROFESSIONAL GEOLOGIST	GEOLOGIST-IN-TRAINING
<input type="checkbox"/> \$200.00 Renewal Fee The following if applicable: <input type="checkbox"/> \$150.00 Late Fee (If not received 90 days after expiration date)	<input type="checkbox"/> \$75.00 Renewal Fee The following if applicable: <input type="checkbox"/> \$150.00 Late Fee (If not received 90 days after expiration date)

**Note: THE BOARD ACCEPTS PERSONAL OR COMPANY CHECKS MADE PAYABLE TO THE ABLPG. Also, Continuing Education is required for this biennial license renewal period. Thirty (30) PDH's are required. Please see the Continuing Education Reporting Form or refer to your Continuing Education Guidelines booklet. You may access the CE Guidelines on the Board's website, [www.algeobd.alabama.gov](http://www.algeobd.alabama.gov). Also, your AL Seal Or Stamp must be affixed to your CE Reporting Form.**

**Please complete the following:**

Name of Licensee: \_\_\_\_\_ Lic. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street & Number City State Zip

Residence Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street & Number City State Zip

Business phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**\*\*\*Please circle which of the above is your preferred mailing address for receiving Board correspondence: Residence or Business**

**PLEASE MARK THE APPROPRIATE CATEGORY:**

\_\_\_\_ Academia      \_\_\_\_ Business      \_\_\_\_ Consultant, (Independent)      \_\_\_\_ Geotechnical  
\_\_\_\_ Government      \_\_\_\_ Mining      \_\_\_\_ Petroleum      \_\_\_\_ Retired

I hereby attest that the above information contained herein is true to the best of my knowledge and belief. I have read Chapter 364-X-14, Professional Conduct (Code of Ethics) and hereby reaffirm my agreement to abide by these rules set forth by the Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_