

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control _____ Department or Agency: Alabama Board of Licensure for Professional Geologists

Rule No.: Appendix 1

Rule Title: Forms Associated with These Rules and Regulations

X New _____ Amend _____ Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly Harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's Police power and the protection of the public health, Safety, or welfare? Yes

Is there another, less restrictive method of regulation Available that could adequately protect the public? No

Does the proposed rule have the effect of directly or Indirectly increasing the costs of any goods or services Involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public Than the harm that might result from the absence of The proposed rule? No

Are all facets of the rulemaking process designed solely For the purpose of, and so they have, as their primary Effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer  _____

Date: June 29, 2012

(DATE FILED)
(STAMP)

Alabama Board of Licensure for Professional Geologists

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Licensure for Professional Geologists

RULE NO. & TITLE: Appendix 1 Forms Associated with These Rules and Regulations

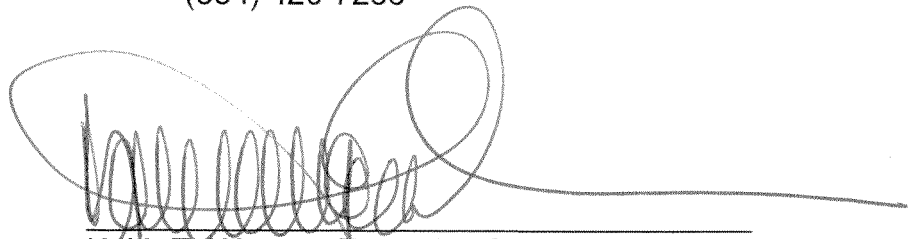
INTENDED ACTION: New

SUBSTANCE OF PROPOSED ACTION: The Board proposes add all forms associated with initial licensing applications and all forms associated with the renewal of licensure.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written comments will be received by the Board until 4:30 p.m. on Tuesday, September 4, 2012. Comments should be directed to Keith E. Warren, Executive Secretary, at 2777 Zelda Road, Montgomery, AL 36106 or via electronic mail at keith@warrenandco.com or via telephone at 334-420-7236.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
Tuesday, September 4, 2012.

CONTACT PERSON AT AGENCY: Keith E. Warren
Executive Secretary
2777 Zelda Road
Montgomery, AL 36106
(334) 420-7236

A handwritten signature in black ink, appearing to read 'Keith E. Warren', with a long horizontal line extending to the right.

Keith E. Warren, *Executive Secretary*
Alabama Board of Licensure for Professional Geologists

APPENDIX 1

FORMS ASSOCIATED WITH THESE RULES AND REGULATIONS

Application for Licensing as a Geologist
Experience Data Form
Professional Reference Form
Personal Reference Form
Foreign Degrees Form
Verify Degrees Form
Temporary Application
Continuing Education Reporting Form
Renewal Form
Seal & Stamp Form

**ALABAMA BOARD OF LICENSURE
FOR PROFESSIONAL GEOLOGISTS**

2777 Zelda Road
Montgomery, AL 36106
334.269.9990
Fax 334.263.6115

APPLICATION FOR LICENSING AS A GEOLOGIST

- By education, examination and experience
- By reciprocity
- For reinstatement
- For Geologist-In-Training

INSTRUCTIONS TO APPLICANT

1. The Application form must be typewritten, fully completed, signed, notarized and accompanied by the requisite fee BEFORE it will be accepted for consideration by the Board. Enclose two (2) recent (less than two years old) passport size photographs.
2. Non-refundable fees MUST accompany the application (Application fee \$150.00 and License fee \$150.00). Do not send cash. Make checks or money orders payable to: *Alabama Board of Licensure for Professional Geologists (ABLPG)*.
3. All reciprocal applicants must request a Letter of Good Standing be sent from the reciprocal state directly to the Alabama Board of Licensure for Professional Geologists.

1. FULL NAME:	LAST	FIRST	MI
2. PREFERRED FORM OF NAME FOR CERTIFICATE, STAMP AND SEAL:			
3. HOME ADDRESS:			
4. BUSINESS NAME: ADDRESS:			
5. PREFERRED MAILING ADDRESS:	<input type="checkbox"/>	HOME	<input type="checkbox"/> BUSINESS
6. HOME TELEPHONE:	()	FAX:	()
7. BUSINESS TELEPHONE:	()	FAX:	()
8. E-MAIL ADDRESS:			
9. BIRTH DATE:			
10. PLACE OF BIRTH:			
11. SOCIAL SECURITY NUMBER:			

<p>12. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF "YES," FULLY EXPLAIN ON A SEPARATE SHEET OF PAPER. (EXCLUDE TRAFFIC VIOLATIONS)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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13 EDUCATION

APPLICANT SHOULD ARRANGE FOR TRANSCRIPTS FROM COLLEGES OR UNIVERSITIES TO BE SENT DIRECTLY FROM THE INSTITUTION TO THE BOARD ON FORMS PROVIDED. TRANSCRIPTS FROM APPLICANTS WILL NOT BE ACCEPTED. HOLDERS OF DEGREES FROM FOREIGN INSTITUTIONS, SEE THE ADMINISTRATIVE RULE 364-X-3-.028(8).

Include in chronological order attendance at each educational institution beyond high school.

NAME AND LOCATION OF INSTITUTION	ATTENDANCE		MAJOR	DEGREE RECEIVED	DATE OF DEGREE
	FROM	TO			

14. SUMMARY OF PROFESSIONAL EXPERIENCE

Summarize your professional practice, beginning with your most recent position, in the table below. Describe your professional expertise in detail on the experience data sheets or copies thereof.

DATES	EMPLOYER NAME AND ADDRESS	JOB
FROM	SUPERVISOR NAME	TITLE
TO		

Add additional sheets if necessary.

15. REGISTRATIONS

List geological or other registrations, licenses, etc., which you currently hold that have been issued by any governmental authority within or without the the State of Alabama. **IF APPLYING FOR LICENSING BY RECIPROcity, YOU MUST CERTIFY EITHER THAT ONE OR MORE OF YOUR GEOLOGY REGISTRATION/LICENSES WERE GRANTED PARTLY ON THE BASIS OF WRITTEN EXAMINATION, OR THAT YOU HAVE SUCCESSFULLY COMPLETED 5 OR MORE YEARS OF PROFESSIONAL WORK AFTER OBTAINING A REGISTRATION/LICENSE BY "GRANDFATHERING" AND YOU MUST INCLUDE WITH YOUR APPLICATION A PHOTOCOPY OF YOUR CURRENT REGISTRATION DOCUMENT FROM THAT STATE.** Do not include membership in or certifications by professional societies or associations.

TYPE OF LICENSE	DISCIPLINE	ISSUING AGENCY	DATE ISSUED	REMARKS

* Registration, license, certification, other (explain)

- My registration/certification as a geologist in the State of _____ was granted on the basis of written examination. A photocopy of my current registration documentation is attached.
- My registration/certification as a geologist in the State of _____ was granted on the basis of "grandfather" provisions. I have five (5) years of professional experience since registration/licensing. A photocopy of my current registration documentation is attached.

16. REGISTRATION/LICENSING DENIAL

Has any state denied you registration/licensing? Or, has any state suspended or revoked your registration/licensing/certification other than for your failure to renew?
(If "YES", explain on a separate sheet of paper.)

YES
 NO

17. PROFESSIONAL AFFILIATIONS

NAME OF ORGANIZATION	TYPE OF MEMBERSHIP AND OFFICES HELD

18. REFERENCES

List the names of five (5) references: three (3) licensed or registered geologists, qualified geologists, or professional engineers who can attest to your character, reputation, responsibility, integrity, and competence; and two (2) personal references. Have them communicate directly to the Board using the forms provided for reference evaluation. You are encouraged (but not required) to list your most recent supervisor (Item 15) as a reference.

NAME	ADDRESS AND TELEPHONE NUMBER

19. ATTACH THE TWO PASSPORT SIZE PHOTOGRAPHS AT THE BOTTOM OF THIS PAGE.

"I understand that I may be required to furnish additional information, if requested by the Board."

"I, _____ hereby certify that I have read the "Alabama Geologists Licensing Act" (Title 34, Chapter 41 of the Alabama Code, 1975), the Rules and Regulations of the Alabama Board of Licensure for Professional Geologists, and the Code of Professional Conduct adopted by the Board. I further certify that the information contained in this application, including attached sheets, is true and correct to the best of my knowledge."

Signature of Applicant: _____

County of _____ State of _____

Sworn and subscribed before me, this _____ day of _____, 20_____.

_____, Notary Public

My Commission Expires: _____

EXPERIENCE DATA SHEET

Applicant Name _____ Sheet ____ of ____

This sheet (or copies thereof) may be used to provide detailed information for Item 14 of the application. The nature of each work engagement including time in responsible charge should be indicated. **PLEASE TYPE INFORMATION.**

Position:	From - To Month/Year:	Employer Address:
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DESCRIPTION: _____

Supervisor's Name: Supervisor's Experience and Qualifications: Is the Supervisor a registered/licensed Geologist? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what period of time and where:

Position:	From - To Month/Year:	Employer Address:
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DESCRIPTION: _____

Supervisor's Name: Supervisor's Experience and Qualifications: Is the Supervisor a registered/licensed Geologist? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what period of time and where:

Alabama Board of Licensure Professional Geologists
 2777 Zelds Road
 Montgomery, AL 36106

FRM 2 10/96
 Revised 11/05

[THIS FORM MAY BE DUPLICATED AS NECESSARY.]

**ALABAMA BOARD OF LICENSURE
FOR PROFESSIONAL GEOLOGISTS**

2777 Zelda Road
Montgomery, AL 36106

FORM FOR PROFESSIONAL REFERENCE
(THREE REQUIRED)

NAME AND ADDRESS _____ OF APPLICANT _____ _____
I WAIVE MY RIGHT TO INSPECT THE CONTENTS OF THIS DOCUMENT
SIGNATURE _____ DATE _____

TO BE COMPLETED BY THE APPLICANT

=====

TO BE COMPLETED BY RESPONDENT

The above named applicant has applied for licensing as a geologist in Alabama under the provisions of Title 34, Chapter 31 of the Alabama Code, 1975. The Alabama Board of Licensure for Professional Geologists requires, as part of the licensing process, references to satisfy the Board as to the character, reputation, responsibility, integrity and competence of the applicant. These references must be submitted by a licensed geologist, qualified geologist¹ or professional engineer under whom the applicant has worked. **PLEASE TYPE OR PRINT NEATLY.**

This form has been supplied to you by the applicant. You are requested to mail the completed form directly to the Board. Information will be treated by the Board as strictly confidential. Your candid appraisal of the applicant's professional competence is appreciated.

1. Your name: _____
2. Your address: _____

3. Your telephone no.: _____
4. Your profession: _____
5. Your years of experience: _____
6. Your specialty (if any): _____

1 - Note: A "qualified geologist" is a person who possesses all the qualifications specified for licensing under Title 34, Chapter 41 of the Code of Alabama, 1975, except that he/she is not licensed.

THIS FORM MAY BE DUPLICATED AS NECESSARY

7. Your professional registration/license/certification:
 a. Type (engineer/geologist): _____
 b. State: _____
 c. Registration/Certification No.: _____
 d. Date of issue: _____

8. How long have you known the applicant:
 a. Personally: _____
 b. Professionally as a practicing geologist _____

9. What has been your professional relationship with the applicant?
 Employer Supervisor
 Co-worker Other

10. Please indicate your appraisal of the applicant in the following categories:

	Excellent	Good	Poor	Unknown
a. Technical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professional integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you know of any instances where the applicant was convicted of illegal conduct professional misconduct? Yes No
 If "yes", please explain on separate sheet

12. Would you entrust the applicant with responsibility for an important geologic project involving the life, health, property and welfare of the public? Yes No

(If "No", please explain. Please consider this question carefully. As a licensed professional, the applicant will represent all geologists working in the public sector.)

13. Additional information and comments which would amplify or clarify the items above and thus assist the Board in evaluating the applicant's experience and qualifications are strongly requested. Attach additional pages as required.

Signature: _____

Date: _____

**ALABAMA BOARD OF LICENSURE
FOR PROFESSIONAL GEOLOGISTS**

2777 Zelda Road
Montgomery, AL 36106

FORM FOR PERSONAL REFERENCE

NAME AND ADDRESS _____ OF APPLICANT _____ _____	
I WAIVE MY RIGHT TO INSPECT THE CONTENTS OF THIS DOCUMENT	
SIGNATURE _____	DATE _____

TO BE COMPLETED BY THE APPLICANT

=====

TO BE COMPLETED BY RESPONDENT

The above named applicant has applied for licensing as a geologist in Alabama under the provisions of Title 34, Chapter 31 of the Alabama Code, 1975. The Alabama Board of Licensure for Professional Geologists requires as part of the licensing process, personal references are required to satisfy the Board as to the character, reputation, responsibility, integrity and competence of the applicant. These references must be submitted by a personal acquaintance or professional colleague who has known the applicant for at least 5 years immediately prior to submittal of this application on for licensure on the reference forms provided. **PLEASE TYPE OR PRINT NEATLY.**

This form will be supplied to you by the applicant. However, you are requested to mail the completed form directly to the Board. Information will be treated by the Board as strictly confidential. Your candid appraisal of the applicant's personal character is appreciated.

1. Your name: _____

2. Your address: _____

Telephone No. _____

3. How long have you known the applicant:

a. Personally ? _____

b. Professionally ? _____

This form maybe reproduced as required.

4. What has been your personal relationship with the applicant?

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Relative |

5. Please indicate your appraisal of the applicant in the following categories;

	Excellent	Good	Poor	Unknown
a. Personal Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you know of any instances where the applicant was convicted of illegal conduct or misconduct?

- Yes No

If "yes", please explain on separate sheet

7. Additional information and comments which would amplify or clarify the items above and thus assist the Board in evaluating the applicant's personal qualifications are strongly requested. Attach additional pages if required.

Your signature: _____

Date: _____

FOREIGN DEGREE EVALUATION SERVICES

For those individuals that obtained their geological degree or required courses, we recommend that you contact one of the below services for your evaluation. These three services have been contacted by this Board and will be aware of your needs. Please call the Board office should you have any questions.

ECE - Educational Credential Evaluators, Inc.
Post Office Box 92970
Milwaukee, WI 53202-0970
414-289-3400
414-289-3411 Fax

Lisano International
Post Office Box 407
Auburn, AL 36831-0407
334-745-0425 Telephone/Fax

World Education Services, Inc.
Post Office Box 745
New York, NY 10113-0745
212-966-6311
212-966-6395 Fax
(Mid-West Office)
Post Office Box 11623
Chicago, IL 60611-0623
312-222-0882
312-222-1217 Fax

ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS

VERIFICATION OF DEGREE GRANTED

APPLICANT SHALL COMPLETE THE UPPER PART OF THIS FORM

Name in Full: _____

Home Address: _____

Business Address: _____

Birth Date: _____ Social Security No. _____

College or University Attended: _____

Applicant's Signature: _____ Date: _____

(After completion of above, the applicant shall send this form to each college or university from which he/she has obtained a degree in geology or related field. Please request the following certificate be completed and that an official transcript and this form be returned directly to the Board. Under no circumstances will the Board accept transcripts from the applicant.)

CERTIFICATE

I hereby certify that the above name applicant has graduated from this institution with a degree of:

_____ Major: _____

on _____

An official transcript of the applicant's academic record at this institution is attached.

Signature: _____

SEAL OF UNIVERSITY

Official Position: _____

Institution: _____

Date: _____

Return to:

ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS
2777 Zelda Road
Montgomery, AL 36106

**ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL
GEOLOGISTS**

2777 Zelda Road
Montgomery, AL 36106
(334) 269-9990
(334) 263-6115 (fax)

APPLICATION FOR TEMPORARY PERMIT (90 DAYS) AS A GEOLOGIST

INSTRUCTIONS TO APPLICANT

1. The Application form must be typewritten, fully completed, signed, notarized and accompanied by the requisite fee (\$200.00) 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 _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ ST _____ ZIP _____

BUSINESS TELEPHONE _____ FAX _____

EMAIL ADDRESS _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

LIST YOUR LICENSE NUMBER(S) AND ISSUING STATE(S)

LIST THE COMPANY AND LOCATION OF JOB:

GENERAL NATURE OF GEOLOGIC/HYDROLOGIC STUDY:

ARE YOU THE PRINCIPLE GEOLOGIST/HYDROLOGIST ON THE JOB
 YES NO. IF NOT WHO? (LIST THE NAME, LICENSE STATE AND
NUMBER OF INDIVIDUAL)

IS THE WORK SUBJECT TO REGULATORY APPROVAL OR ACCEPTANCE?
 YES NO. IF YES, WHICH AGENCY: _____

NAME THE LOCATION(S) OF THE WORK BEING
PERFORMED: _____

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: _____

2005 CONTINUING EDUCATION REPORTING FORM

NAME _____
ADDRESS _____
CITY _____ ST _____ ZIP _____
LICENSE NUMBER _____

NOTICE: For general guidelines, please read the document titled Continuing Education Guidelines for Alabama Licensed Professional Geologists (2005), which can be viewed on the Board's website, www.algeobd.alabama.gov. For specific guidelines, please refer to Alabama Board of Licensure for Professional Geologists Administrative Rules, Ethics, and Enabling Act, Section 364-X-13-.02. Please note that documentation is required for all PDH credit claimed and should be available for later examination, if requested. This form can be modified as needed to document your particular PDH credit, but please use this form for reporting. The categories, 1 through 5 below, correspond to the same numbered categories in the 2005 Guidelines. Please note that 'contact hours' and PDHs are not the same as explained in the 2005 Guidelines for each category. Further, in some categories, there are limitations on the number of PDHs that can be claimed and/or the PDHs are prorated in some manner. Please see 'Examples of PDH Credit Conversion' in the 2005 Guidelines, which is located on the Board's website, www.algeobd.alabama.gov.

1) Formal Educational Activities

Name of College of University	Course	Date Attended	Semester Hrs	Qtr Hrs	PDHs
a.					
b.					
c.					

2) Formal Activities of Professional Societies, Agencies, and Organizations

Organization	Subject	Date	Contact Hrs	PDHs
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a.

b.

c.

d.

3) Field Trips

Organization	Subject	Date	Contact Hrs	PDHs
a.				
b.				
c.				

4) Regulatory and Safety Training, Internet Seminars and Courses & In-House Activities

Source/Description	Date	Contact Hrs	PDHs
a.			
b.			
c.			
d.			

5) Oral and Written Technical Contributions

Title of Paper	Published By	Date	Pages	Prep Hrs	PDHs
a.					
b.					
c.					
Total PHDs carried forward from last biennium					_____
Total					_____
Total PDH's Claimed					_____
Total PDHs carried forward to next biennium*					_____

*Category 4 PDHs cannot be carried forward into the next biennium.

Signature of Applicant/Date

Licensee certifies that the information above is true and correct by applying his/her seal or stamp. **(Apply Seal or Stamp)**

ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS

2777 Zelda Rd

Montgomery, AL 36106

Phone: 334/420-7236

FAX: 334/263-6115

Email: geology@warrenandco.com

Website: www.algeobd.alabama.gov

PROFESSIONAL GEOLOGIST	GEOLOGIST-IN-TRAINING
<input type="checkbox"/> \$150.00 Renewal Fee The following if applicable:	<input type="checkbox"/> \$75.00 Renewal Fee The following if applicable:
<input type="checkbox"/> \$100.00 Late Fee (If not received 90 days after expiration date)	<input type="checkbox"/> \$100.00 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. **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 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: _____

Social Security Number (Required): _____



Alabama Board of Licensure for Professional Geologists
2777 Zelda Rd
Montgomery, AL 36106
334/420-7236 Fax: 334/263-6115
www.algeobd.alabama.gov
Email: geology@warrenandco.com

Dear Licensee:

Congratulations on obtaining your PG license for the State of Alabama! We are excited about the response that we have received and look forward to working with you and assisting you in any way that we can.

The Licensing Act, § 34-41-14 (a), states, "Each geologist, upon the issuance of a license, shall obtain from the secretary-treasurer of the board or his or her designee, at a cost prescribed by the board, a seal of the design authorized by the board bearing the name of the licensee and the legend "Licensed Professional Geologist — State of Alabama" together with the serial number of the licensee. A licensed professional geologist shall approve, sign, and affix his or her seal to all drawings, reports, or other geologic papers, or documents involving the public practice of geology which have been prepared by the licensed professional geologist or a subordinate employee under the direction of the licensed professional geologist for the use of, or for delivery to, any person or for public record within the State of Alabama."

The Alabama Geologists Board seal was recently approved and we are now able to offer to you, your seal and stamp. In order to obtain your stamp and seal, we ask that you return the bottom portion of this letter along with a check for \$50.00 to the Board's office. The stamp and seal will not be ordered until your request form and check have been received and processed. Once ordered, it will take a minimum of 6-8 weeks for your stamp and seal to be delivered to you.

Please note that the above referenced seal/stamp is the only acceptable form of seal/stamp. The Board will not recognize any seal/stamp purchased from outside sources.

Geologist Stamp/Seal Request Form

Name: _____ License No. _____
(As you wish it to appear on your seal/stamp)

Address: _____

E-mail: _____

Please make \$50.00 check payable to:

ABLPG

Please remit payment to:
(Board has moved)

ABLPG
Attn: Hope Paulene
2777 Zelda Rd
Montgomery, AL 36106