BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS
IDAHO BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
Phone: (208)-334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: geo@ibol.idaho.gov

NOTICE OF INTENT TO PRACTICE GEOLOGY IN THE STATE OF IDAHO

MAY NOT TO EXCEED 30 DAYS PER CALENDAR YEAR
(AS REQUIRED UNDER IDAHO CODE 54-2822)

The practice of professional geology is allowed, without Idaho registration, under the following conditions. See Idaho Code 54-2822 for further information and additional exemptions.

1. Person is not a resident of Idaho and has no established place of business in Idaho
2. Practice of professional geology does not exceed 30 days in any one calendar year.
3. Person is licensed or registered in a state in which equivalent requirements and qualifications are in place.

OR:

4. If conditions of items 1 and 2 above exist, and person has applied to the Board for registration.

Persons practicing professional geology under the conditions described above are required to file with the Board, on or prior to entering Idaho to conduct such work, the following information. Notice should also be made to the Board when work is completed.

1. **Full Name (Mr., Mrs., or Ms.)** _____

2. **Address of Record** _____
(The above address is public record) Street City State Zip

3 **Mailing Address**_____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. **Place of Birth** _____ **Date of Birth** ____/___/_____
mm dd yyyy

5. **(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is cceptable.)**

6. **Social Security No**. _____-____-_____ **Business phone number** (____)_____ **E-mail** _____

7. **State of Licensure, registration or certification** _____ **License, registration or certificate#**_____

8. **DATES OF WORK:** **Beginning** ____/___/_____ **Ending** ____/___/_____
mm dd yyyy mm dd yyyy

_____
Signature of Applicant
Date _____

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

_____
Notary Public Official Signature
My Commission Expires_____