

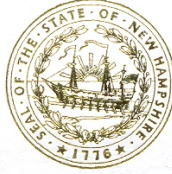
JOINT BOARD OF LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE

57 Regional Drive
Concord, N.H. 03301-8518

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EXECUTIVE DIRECTOR

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PROFESSIONAL ENGINEERS
ARCHITECTS
LAND SURVEYORS
FORESTERS
PROFESSIONAL GEOLOGISTS
NATURAL SCIENTISTS
LANDSCAPE ARCHITECTS
COURT REPORTERS
HOME INSPECTORS



NATURAL SCIENTIST
RENEWAL NOTICE

“SECOND NOTICE - FAILURE TO RENEW”

PLEASE CHECK THOSE THAT APPLY

WETLAND SCIENTIST \$140.00 **SOIL SCIENTIST \$ 140.00** **BOTH \$280.00**

Our records indicate that your present license expired **September 30, 2009**. Therefore your renewal, fee and CEU package is now **two months past due**.

The renewal fee is **\$140.00** for the following two years which includes a late fee of \$40.00. Please make a check payable to: **“Treasurer, State of NH”** and submit this renewal completed by **November 30, 2009**.

Also provided in RSA 310-A:90 “Failure to remit the biennial renewal fee when due shall automatically cancel the certification.”

Please complete, submit with appropriate fee and required CEU documentation. Make check payable to: **Treasurer, State of New Hampshire or complete and return the enclosed credit card form**

NAME _____ **CERT#** _____

HOME ADDRESS _____

_____ **PHONE #** _____

BUSINESS NAME/ADDRESS _____

_____ **PHONE #** _____

EMAIL ADDRESS _____

Find us on-line at www.nh.gov/jtboard/home.htm

CHECK ONE:

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Have you had any legal judgments against you for your services as a Soil or Wetland Scientist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had any disciplinary action against you for your services as a Soil or Wetland Scientist? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, include complete details and submit on additional sheet.

RULES OF PROFESSIONAL CONDUCT:

To the best of my understanding, knowledge and belief, I have adhered to the intent and spirit of the ethical and professional standards of New Hampshire Code of Administrative Rules Soil 500;

CONTINUING EDUCATION:

I attest that the information contained in this form and the attached continuing education log is true and correct to the best of my knowledge and belief and complies with the minimum of 10 continuing education units of approved courses required by Soil 402.01;

I further acknowledge that the provision of false information recklessly provided in the application is a basis for disciplinary action by the board.

SIGN HERE



Signature

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type: _____ Amount Due: _____

Card Type: (please circle one) Visa Mastercard **(required)**

Card Number: _____ **(required)**

Expiration Date: Month: _____ Year: _____ **(required)**

Billing Name and Address (your billing address must match the address associated with the credit card you are using.)

Name on Card: _____

Billing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Authorization Signature: _____