

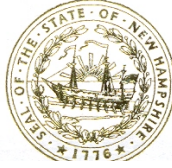
**JOINT BOARD OF LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE**

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

LOUISE LAVERTU  
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**

**PLEASE CHECK THOSE THAT APPLY**

**WETLAND SCIENTIST \$100.00**    **SOIL SCIENTIST \$ 100.00**    **BOTH \$200.00**

Our records indicate that your present license expires **December 31, 2009**. Therefore your renewal, fee and CEU package is now due. Submittal must be prior to the expiration date or your certification will expire.

The renewal, fee and all supporting continuing education documentation for the following two years and is payable on or before **December 31, 2009**. After that date, there is a penalty charge of 20% per month.

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](http://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: \_\_\_\_\_