

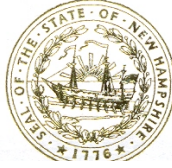
JOINT BOARD OF LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE

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

LOUISE LAVERTU
EXECUTIVE DIRECTOR

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

Telephone 603-271-2219
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NATURAL SCIENTIST

RENEWAL NOTICE

PLEASE CHECK THOSE THAT APPLY

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

As provided in RSA 310-A:89, effective 7/1/89, Expiration and Renewals. All licenses issued by the Board shall expire on the last day of the month of the licensee's birth in the year 2 years following the year of issuance.

Our records indicate that your present license expires **November 30, 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 ensuing two years and is payable on or before **November 30, 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

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: _____