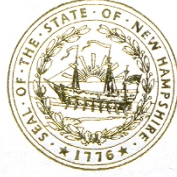


JOINT BOARD OF LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE

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

LOUISE LAVERTU  
EXECUTIVE DIRECTOR

Telephone 603-271-2219  
Fax 271-7928 • 271-6990



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

**"FAILURE TO RENEW"**  
**PROFESSIONAL GEOLOGIST**  
**RENEWAL NOTICE**

Our records indicate that your birthmonth is **October**; therefore; your renewal fee is **past** due.

The renewal fee is **\$150.00** for the ensuing two years plus a late fee of **\$30.00** for each month or fraction of a month the renewal is late **in addition to the renewal fee**. Please make check for **\$180.00** payable to: **TREASURER, STATE OF N.H.** and submit this form completed below by **November 30, 2009**. **You should refrain from practicing geology in this state until your license has been renewed. Individuals practicing without a current license may become subject to disciplinary action.**

Amount enclosed \$ \_\_\_\_\_ You may renew on-line at [nhlicenses2.nh.gov/professional/](http://nhlicenses2.nh.gov/professional/)

**NAME** \_\_\_\_\_ **PG#** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

(Please Circle Mailing Address)

**EMAIL ADDRESS** \_\_\_\_\_

**\$180.00 -Yes, I do wish to renew**

**No, I do not wish to renew.**

**Please be advised that all first time renewals only need to report 12 Continuing Educational Hours.**

**CHECK ONE:**

YES      NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you had any legal judgments decided against you or your firm regarding your activities as a professional geologist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had any disciplinary action brought against you for your services as a Professional Geologist?                  | <input type="checkbox"/> | <input type="checkbox"/> |

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

**RULES OF PROFESSIONAL CONDUCT:**

**I certify that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Geo 500:**

**CONTINUING PROFESSIONAL DEVELOPMENT:**

**I attest that the information contained in this form and the attached continuing education hours activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 24 professional development hours of approved professional development hours required by Geo 403.01 (b). I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:**

SIGN HERE



\_\_\_\_\_

Signature

**CEH ACTIVITY LOG INSTRUCTIONS**

You must complete the attached continuing education hours activity log and **submit it to the Board** with your completed renewal form. The Board requires no other documentation at this time. The Board will conduct random audits to ensure compliance with continuing professional development requirements. If you are selected for an audit, you will be required to provide documentation of all activities claimed for continuing education hours.

It is important that a sufficient title/description be provided to identify the activity. You must provide the name of the sponsoring organization, the location, date, CEH's claimed for the activity and cumulative CEH's for the renewal period. **Incomplete activity logs will result in return of your renewal and delay in processing of the renewal of your license.**

*Find us on-line at [www.nh.gov/jtboard/home.htm](http://www.nh.gov/jtboard/home.htm)*

*Renew on-line at [nhlicenses2.nh.gov/professional/](http://nhlicenses2.nh.gov/professional/)*



**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: \_\_\_\_\_