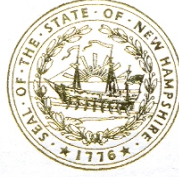


JOINT BOARD OF LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE

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

LOUISE LAVERTU
EXECUTIVE DIRECTOR

Telephone 603-271-2219
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PROFESSIONAL ENGINEERS
ARCHITECTS
LAND SURVEYORS
FORESTERS
PROFESSIONAL GEOLOGISTS
NATURAL SCIENTISTS
LANDSCAPE ARCHITECTS
COURT REPORTERS
HOME INSPECTORS

"SECOND NOTICE - FAILURE TO RENEW"
PROFESSIONAL GEOLOGIST
RENEWAL NOTICE

Our records indicate that your birthmonth is **September**; therefore; your renewal fee is **two months 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 **\$210.00** 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/

NAME _____ **PG#** _____

HOME ADDRESS _____

_____ **HOME PHONE** _____

BUSINESS ADDRESS _____

_____ **WORK PHONE** _____

(Please Circle Mailing Address)

EMAIL ADDRESS _____

\$210.00 -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

Renew on-line at 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: _____