



## PROFESSIONAL GEOLOGIST REGISTRATION INSTRUCTIONS

### This application is for:

- Initial applicants.
- Applicants currently registered in states other than North Carolina, Georgia, and Virginia who have not passed the required ASBOG examinations.

### Do not complete this application if:

- You have a previous South Carolina registration that has expired or lapsed and is outside the 6-month late renewal period following the registration expiration date. Please complete the application for [Reinstatement of Professional Geologist Registration](#).
- You hold a current license in North Carolina, Georgia, and Virginia, South Carolina currently has a reciprocity agreement with these states. Please complete the application for **Registered Professional Geologist by Reciprocity**.
- You hold a current, active, and unrestricted license under the laws of another state or territory. Please complete the application for **Registered Professional Geologist by Endorsement**.

### Registration Requirements

- All applicants applying for a Professional Geologist registration must have graduated from an accredited geologic curriculum of four or more years approved by the board; and provide proof to the board of five years of work experience (four years with a master's degree in geology). Applicants must pass both portions of the National Association of State Boards of Geology (ASBOG) examination.
- Submit [Employment Verification Form\(s\)](#) showing a minimum of 5 years work experience in the field of geology after graduation from an approved college. Forms should be sent to present or previous employers for completion.
- Verification of Registration/Licensure forms must be forwarded directly to the Board's office from all states where you are registered as a Geologist.
- Transcripts must be sent directly from the school or college to the Board. Transcripts must bear the seal of the institution and the signature of the Registrar. Transcripts may be emailed to [Contact.Geology@llr.sc.gov](mailto:Contact.Geology@llr.sc.gov) or sent via US Mail.

### Documentation that will be needed to upload to your application:

- Copy of your valid Driver's License, State Issued ID or Passport.
- Copy of your Social Security card.
- [Notarized Verification of Lawful Presence Form](#)
- Documentation of legal name change, if applicable. (marriage certificate, divorce decree, court document.)
- [Employment Verification Form\(s\)](#)

### Documentation that will need to be submitted directly to the Board from the issuing agent:

- Official college transcripts

Fee in the amount of \$200. Application fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law may be assessed on all returned funds.

You will receive a confirmation email once the Board receives your application. Once the application is processed, a status update will be emailed in regards to your application.



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Registration for Geologists**  
110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC 29211-1329  
Phone: 803-896-4575 • Contact.Geologists@llr.sc.gov • Fax: 803-704-6772  
llr.sc.gov/geo

## EMPLOYMENT VERIFICATION

Completed form may be submitted by the applicant with the application or may be sent directly to the Board from the employer at the above address/email address.

### To be completed by the applicant:

Applicant Name: \_\_\_\_\_

### To be completed by employment verifier:

Name of Firm: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Principal business of firm: \_\_\_\_\_

Immediate Supervisor of Applicant: \_\_\_\_\_

Title of Immediate Supervisor: \_\_\_\_\_

If Registered: Registration/License No.: \_\_\_\_\_ State of Registration: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Job Title(s) of Applicant: \_\_\_\_\_  
(Attach separate sheet if additional space is needed.)

Average Hours Worked Per Week: \_\_\_\_\_ Employment Type:      Full-Time      Part-Time

Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo./Day/Year      Mo./Day/Year

Describe the types of work performed by the employee:

\_\_\_\_\_  
Signature of Individual Completing Form

\_\_\_\_\_  
Title

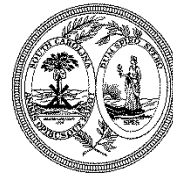
\_\_\_\_\_  
Print Name of Individual Completing Form

\_\_\_\_\_  
Date

Telephone: \_\_\_\_\_



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## **INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY**

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)