

**STATE OF OREGON BOARD OF GEOLOGIST EXAMINERS**  
**707 13<sup>th</sup> Street, Ste. 260, Salem, OR 97301**  
**Ph: (503) 566-2837**

**CERTIFIED ENGINEERING GEOLOGIST (CEG) EXAMINATION APPLICATION**

*Please print legibly or type.*

Oregon RG # \_\_\_\_\_

Exam Date: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
Last (Family)                      First                      Middle                      (As it should appear on wall certificate)

2. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 3. DATE OF BIRTH: \_\_\_\_\_  
Month/ Day/ Year

4. HOME ADDRESS: \_\_\_\_\_  
City, State, Zip

5. BUSINESS ADDRESS: \_\_\_\_\_  
Company name                      City, State, Zip

6. HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ COMPANY PHONE: (\_\_\_\_\_) \_\_\_\_\_  
Area Code                      Area Code

7. Have you ever been convicted of a felony? [ ] Yes [ ] No If answer is "yes", explain fully on a separate sheet.

8. Teaching or Research (College or University)

\_\_\_\_\_  
Name and location of College or University                      Dates from/to                      Subject or Project (explain on a separate sheet)

9. Please complete the attached EXPERIENCE RECORD and return it with this application. A VERIFICATION OF EXPERIENCE form must be completed for each employment number.

10. Submit copies of geologic registrations or licenses which you hold by any governmental body in or out of the State of Oregon. Do not include certifications, etc., issued by any professional society or association.

11. **NOTE:** Your application packet must include both the *nonrefundable* \$75.00 Application Fee and the examination fee. Link to fees: [http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_809/809\\_010.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_809/809_010.html)

12. **I certify under penalty of perjury or loss of license that the information on this application or any appended sheets is true and correct.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

## EXPERIENCE RECORD

Record must be continuous regardless of nature of employment. Time should be calculated in years and months. **List in reverse chronological order** starting with the most recent assignment. Experience of less than a full month will not be counted. Enclose a *Verification of Employment* form for each employment number in an envelope sealed by the individual completing the form.

NOTE: Address of employer should be home or head office. If immediate supervisor is now in other work, give the present address if possible.

Employment No.1	Employer data:	Immediate Geologist Supervisor:	Geological employment	
(Current or most recent) From: _____  To : _____	Name of Company: _____ Job location: _____ Company address: _____  Position held: _____	Name: _____ Registration No. _____ State(s) Registered in: _____ Phone Number: _____	Years	Months
Description of work duties and extent of responsibility: (Describe in detail)				
Employment No.2	Employer Data:	Immediate Geologist Supervisor:	Geological employment	
From: _____  To : _____	Name of Company: _____ Job location: _____ Company address: _____  Position Held: _____	Name: _____ Registration No. _____ State(s) registered in: _____ Phone Number: _____	Years	Months
Description of work duties and extent of responsibility: (Describe in detail)				
Employment No.3	Employer Data:	Immediate Geologist Supervisor:	Geological employment	
From: _____  To : _____	Name of Company: _____ Job location: _____ Company address: _____  Position Held: _____	Name: _____ Registration No. _____ State(s) registered in: _____ Phone Number: _____	Years	Months
Description of work duties and extent of responsibility: (Describe in detail)				

**I certify under penalty or perjury or loss of license that the information on this application or any appended sheets is true and correct.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date