



Nebraska Board of Geologists

Mail to: PO Box 94844
Lincoln, NE 68509-4844

Delivery: 215 Centennial Mall S, Suite 400
Lincoln, NE 68508

Phone: 402-471-8383
Fax: 402-471-0787

Questions? Contact us at nebog.board@nebraska.gov or www.geology.state.ne.us

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

Application Fee: \$100.00 - Read instructions carefully and check all items. Provide all information requested. Your attention to these details will make it possible for Board staff to process your application without undue delay. Please print all information.

Note: Sole proprietors do not require a Certificate of Authorization. (See the attached chart to determine if your company is required to have a certificate). If it is determined that your company does require a certificate, please insure there is not a certificate already in place before applying by going to our website at <http://www.geology.state.ne.us/pdf/cert.pdf>. If it is determined your company does not require a certificate, please return the attached chart with the reason marked as to why a certificate is not required.

SECTION I: GENERAL INFORMATION

Full Legal Name of the Organization _____

Mailing Address _____

City, State, Zip Code _____

Email Address _____

Telephone _____ ext _____

Fax _____

Website _____

SECTION II: GEOLOGIC AUTHORITY

I, _____, am authorized by _____
Name of Geologist *Name of Organization*

as the individual in responsible charge for the organization in their practice of geology within the State of Nebraska. I certify that I do not render occasional, part-time, or consulting services to this organization; that the information presented on this application and its attachments is true and complete as of this date; and that any change in my status will be filed with the Nebraska Board of Geologists within thirty (30) days of the effective date of the change.

Signature _____

G- _____
Nebraska License *Date*

SECTION III: ORGANIZATIONAL AUTHORITY

I, _____, Chief Executive of _____
Chief Executive Officer *Name of Organization*

certify that the information presented on this application and its attachments is true and complete as of this date, and that the licensed individual above is authorized to represent this organization as the individual in responsible charge for professional services performed in the State of Nebraska.

Signature _____

Title _____ Date _____



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SECTION IV: ORGANIZATIONAL INFORMATION

(use additional sheets if needed)

ALTERNATE NAMES

List any alternate names of the organization, including DBA's, AKA's, etc.

NAMES AND ADDRESSES OF ALL OFFICERS OF THE ORGANIZATION

List all officers of the organization, his/her address, telephone, and, if applicable, their Nebraska geologist license number.

Name and Title/Position	Address	Telephone	License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

List all members of the organization's governing body, his/her address, telephone, and whether he/she is a professional geologist.

Name and Title/Position	Address	Telephone	PG? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ELECTRONIC CHECK RE-PRESENTMENT POLICY

In the event that your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your statement.