



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 CHANGES TO CERTIFICATE OF AUTHORIZATION

There is no fee to make changes to a certificate. Read instructions carefully providing all information requested. Check all items. Your attention to these details will make it possible for the Board's staff to process your application without undue delay. Please print all information.

Note: If you are changing the responsible geologist in charge, both the new geologist and the chief executive officer must sign this form.

SECTION I: GENERAL INFORMATION

Full Legal Name of Organization _____ **CAG** _____
Original Cert. of Auth. Num

Mailing Address _____

City, State, Zip Code _____ Email Address _____

Telephone _____ ext _____ Fax _____

Website _____

This is a change in: Legal name Contact Information Responsible Charge Other

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- _____ Date _____
Nebraska License

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(s) above are 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
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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)
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