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# Rules of Department of Economic Development

## Division 145—Missouri Board of Geologist Registration Chapter 1—General Rules

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**Title 4—DEPARTMENT OF  
ECONOMIC DEVELOPMENT  
Division 145—Missouri Board of  
Geologist Registration  
Chapter 1—General Rules**

**4 CSR 145-1.010 Board of Geologist  
Registration—General Organization**

*PURPOSE: This rule describes the organization and general methods of administration and communication concerning the Missouri Board of Geologist Registration.*

(1) The purpose of the board is to regulate the practice of geology concerning the health, safety and welfare of the inhabitants of this state; to protect the property of the inhabitants of this state from damage or destruction through the dangerous, dishonest, incompetent or unlawful practice of geology and to implement and sustain a system for the examination and regulation of registered geologists and geologist-registrants in-training in this state.

(2) The board shall meet at least four (4) times each year. Additional meetings may be held at the discretion of the board, however, the board shall inform the division of those meetings and the notice of the meeting will be posted in compliance with Chapter 610, RSMo.

(3) Each year, the board shall elect a chair, vice-chair and secretary-treasurer by a majority of board member votes. The chair presides at meetings and works with the division on coordinating the board's affairs. If the chair is unable to attend a meeting, the vice-chair shall preside at the meeting.

(4) The director of the Division of Professional Registration or a designated representative shall be responsible for keeping the minutes of board proceedings and perform other duties as requested by the board.

(5) A quorum of the board shall consist of four (4) of the seven (7) voting members.

(6) Board meetings will generally consist of receiving applications, interviewing applicants, investigating complaints and inquiries, determining disciplinary actions regarding a registered geologist or geologist-registrant in-training, making recommendations to the division concerning the conduct and management of board affairs and other board matters.

(7) Unless otherwise provided by statute or regulation, the board shall conduct its meetings according to *Robert's Rules of Order*.

(8) Any person requiring information, an application or complaint form involving the practice of geology as regulated by the board may contact the board by writing to Missouri Board of Geologist Registration, P.O. Box 1335, Jefferson City, MO, 65102-1335 or calling the board office at (573) 526-7625. The telecommunications device for the deaf (TDD) is (800) 735-2966.

*AUTHORITY: section 256.462.3, RSMo 1994.\* Emergency rule filed June 29, 1995, effective July 9, 1995, expired Nov. 5, 1995. Original rule filed Sept. 28, 1995, effective May 30, 1996.*

*\*Original authority: 256.462.3, RSMo 1994.*

**4 CSR 145-1.020 Policy for Handling  
Release of Public Records**

*PURPOSE: This rule sets forth the board's policy regarding the release of information on any meeting, record or vote of the board.*

(1) The Missouri Board of Geologist Registration is a public governmental body as defined in Chapter 610, RSMo, and adopts the following as its policy for compliance with the provisions of that chapter. This policy is open to public inspection and implements Chapter 610, RSMo, regarding the release of information of any meeting, record, or vote of the board which is not closed under the chapter.

(2) All public records of the Missouri Board of Geologist Registration shall be open for inspection and copying by any member of the general public during normal business hours (8 a.m. to 5 p.m. Monday through Friday, except holidays) at the board's office located at 3605 Missouri Boulevard, Jefferson City, Missouri, except for those records closed under section 610.021, RSMo. All public meetings of the Missouri Board of Geologist Registration not closed under that section will be open to the public.

(3) The Missouri Board of Geologist Registration establishes the director of the Division of Professional Registration or the director's designated representative as custodian of the board records as required by section 610.023, RSMo. The director or the designated division representative is responsible

for maintaining board records and responding to requests for access to public records.

(4) The board may charge a reasonable fee for the cost for researching, inspecting and copying board records. Charges and payments of the fees shall be based on the following:

(A) A fee for copying public records shall not exceed the actual cost of the document search and duplication;

(B) The board may require payment of fees prior to making the copies; and

(C) All fees collected shall be payable to the director of revenue for deposit to the credit of the Board of Geologist Registration.

(5) If the custodian believes that requested access is not required under Chapter 610, RSMo, the custodian shall consult with the Office of the Attorney General before deciding whether to deny access to the records. If contact with that office is not practicable or is impossible, the custodian may decide whether to deny access. However, in that case, the custodian shall consult with the Office of the Attorney General within five (5) working days of the decision. When access is denied, the custodian will comply with the requirements in section 610.023, RSMo, concerning informing the individual requesting access to the records and shall supply to members of the board copies of the written denial. At its next meeting, the board shall either affirm or reverse the decision of the custodian. If the board reverses the decision, it shall direct the custodian to so advise the requesting party and supply the access to the information during regular business hours at the party's convenience.

(6) The custodian shall maintain a file of copies of all written requests for access to records and responses to the requests. That file shall be maintained as a public record of the board open for inspection by any member of the general public during regular business hours.

*AUTHORITY: section 256.462.3, RSMo 1994.\* Emergency rule filed June 29, 1995, effective July 9, 1995, expired Nov. 5, 1995. Original rule filed Sept. 28, 1995, effective May 30, 1996.*

*\*Original authority: 256.462.3, RSMo 1994.*

**4 CSR 145-1.030 Application for Licensure**

*PURPOSE: This rule outlines the procedure for application for licensure as a registered geologist.*

(1) Applications for licensure must be made on the forms provided by the Missouri Board of Geologist Registration and may be obtained by writing the Board of Geologist Registration, P.O. Box 1335, Jefferson City, MO 65102-1335.

(2) An application will not be considered officially filed with the board unless it is typewritten or printed in black ink, signed, notarized, accompanied by all documents required by the board and the application fee. The application fee must be in the form of a cashier's check, personal check or money order.

(3) The completed application, including all documents, supporting material and official transcripts required by the board, must be received at least sixty (60) days before an examination. Applications received less than sixty (60) days before the examination may be scheduled for the next regularly scheduled examination at the board's discretion.

(4) The applicant will be informed by letter of the results of the board review of the application. If an applicant is denied licensure the letter will outline, with as much specificity as practical, the reasons for denial.

*AUTHORITY: section 256.462.3, RSMo 1994.\* Emergency rule filed June 29, 1995, effective July 9, 1995, expired Nov. 5, 1995. Original rule filed Sept. 28, 1995, effective May 30, 1996.*

*\*Original authority: 256.462.3, RSMo 1994.*



STATE OF MISSOURI  
BOARD OF GEOLOGIST REGISTRATION  
**APPLICATION FOR CERTIFICATION**

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICIAL USE ONLY		
DATE FORWARDED	DATE RECEIVED	NUMBER

**INSTRUCTIONS**

1. APPLICANT MUST COMPLETE ALL SECTIONS.
2. IF ADDITIONAL INFORMATION IS NEEDED FOR ANY QUESTIONS, PLEASE ATTACH A SEPARATE SHEET.
3. COMPLETED APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING CENTRAL OFFICE ADDRESS:  
  
MISSOURI BOARD OF GEOLOGIST REGISTRATION  
3605 MISSOURI BOULEVARD  
POST OFFICE BOX 1335  
JEFFERSON CITY, MO 65102-1335  
  
**TELEPHONE:** (314) 526-ROCK (526-7625) (VOICE MAIL) **FAX:** (314) 751-4176 **TDD:** 800-735-2966
4. ATTACH APPLICATION FEE. IF APPLICATION IS APPROVED, YOU WILL BE NOTIFIED TO REMIT ANY ADDITIONAL, APPLICABLE FEE.

APPLICANT  
ATTACH  
RECENT  
PHOTO  
HERE

**I. GENERAL INFORMATION**

I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A REGISTERED GEOLOGIST IN THE STATE OF MISSOURI ON BASIS OF (CHECK)

- EXAMINATION       THREE YEARS POST BACCALAUREATE EXPERIENCE AND PRACTICING GEOLOGY (GRANDFATHER CLAUSE)       RECIPROCITY

1. APPLICANT NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)		AREA OF GEOLOGICAL EXPERTISE
2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)		
6. BUSINESS ADDRESS		
7. COUNTY	8. HOME TELEPHONE NUMBER	9. WORK TELEPHONE NUMBER

ARE YOU REGISTERED OR LICENSED IN ANOTHER STATE?       YES       NO      IF YES, COMPLETE BELOW

STATE	REGISTRATION NUMBER	REGISTRATION DATE	REGISTERED BY:	
			WRITTEN EXAM	OTHER

APPLICATIONS PREVIOUSLY SUBMITTED TO THIS BOARD

- NONE       GEOLOGIST-REGISTRANT IN-TRAINING DATE SUBMITTED:       REGISTERED GEOLOGIST DATE SUBMITTED:

**NOTE:** APPLICANT IS RESPONSIBLE FOR HAVING HIS/HER EXAM SCORE SUBMITTED TO CENTRAL OFFICE BY THE TESTING SERVICE.

\*We are requesting that you voluntarily provide your social security number. Failure or refusal to provide your social security number will not affect licensing or any other benefits or privileges you would otherwise enjoy. If provided, your social security number will be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

II. EDUCATIONAL EXPERIENCE							
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED				DEGREE	MAJOR COURSE OF STUDY
		FROM		TO			
		MON.	YR.	MON.	YR.		

III. REFERENCES			
(SEE INSTRUCTIONS ON REFERENCE INFORMATION PAGE)			
NAME	PROFESSION	LICENSE OR REGISTRATION NUMBER IF APPLICABLE	TELEPHONE NUMBER
1.			
2.			
3.			

**IV. PROFESSIONAL EXPERIENCE**  
**BEGIN WITH THE MOST RECENT EMPLOYMENT, USING ADDITIONAL SHEETS IF NECESSARY**

A. NAME AND ADDRESS OF EMPLOYER AND NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
				MONTHS EXPERIENCE

GEOLOGY DUTIES PERFORMED

B. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
				MONTHS EXPERIENCE

GEOLOGY DUTIES PERFORMED

C. NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
MON.	YR.	MON.	YR.		
				TITLE OF YOUR POSITION	MONTHS EXPERIENCE
GEOLOGY DUTIES PERFORMED					
D. NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
MON.	YR.	MON.	YR.		
				TITLE OF YOUR POSITION	MONTHS EXPERIENCE
GEOLOGY DUTIES PERFORMED					
E. NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
MON.	YR.	MON.	YR.		
				TITLE OF YOUR POSITION	MONTHS EXPERIENCE
GEOLOGY DUTIES PERFORMED					
F. NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
MON.	YR.	MON.	YR.		
				TITLE OF YOUR POSITION	MONTHS EXPERIENCE
GEOLOGY DUTIES PERFORMED					
G. NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
MON.	YR.	MON.	YR.		
				TITLE OF YOUR POSITION	MONTHS EXPERIENCE
GEOLOGY DUTIES PERFORMED					

**V. VERIFICATION**

ANSWER THE FOLLOWING QUESTIONS (Yes answers must be explained in sworn affidavit)

	YES	NO
1. Has your application to be licensed or registered as a geologist ever been denied? If yes, please explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed an examination for geologist or any other regulated profession? If so, how many times? _____ Where? _____ For what profession? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted of a felony or misdemeanor related to the practice of geology?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently, or did you within the past five years, use any prescription drug, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a geologist would be affected?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now being treated, or have you ever been treated within the last three years through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
7. In relation to your practice as a geologist, have you ever been named as a defendant in a civil suit in which the amount of \$100,000 or more was made through settlement or judgment?	<input type="checkbox"/>	<input type="checkbox"/>

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a geologist in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration the above proofs as required by the Missouri law governing the practice of geology and subject to the rules and regulations of the Board of Geology Registration. I subscribe and agree to abide by all applicable laws and rules regarding the practice of geology to include the Code of Professional Ethics. I hereby certify that I have familiarized myself with sections 256.450-256.483 RSMo, known as the Geologist Registration Act and applicable rules promulgated by the Missouri Board of Geologist Registration.

Enclosed is the application fee which is not refundable. I understand that the Board may require further evidence that it deems reasonable and proper from the sources above.

<p><b>MUST BE SIGNED IN PRESENCE OF NOTARY</b></p> <p><small>NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL</small></p>	SIGNATURE OF APPLICANT	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF 19	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
NOTARY PUBLIC NAME (TYPED OR PRINTED)		



STATE OF MISSOURI  
BOARD OF GEOLOGIST REGISTRATION  
**REFERENCE INFORMATION**

FOR OFFICE USE ONLY	
DATE FORWARDED	DATE RECEIVED

**INSTRUCTIONS**

**Applicant:**

**(Duplicate this blank page to provide sufficient pages for reference requirements.)**

1. Please note all requirements on instruction page of application.
2. Fill in your name and address and that of the reference below.
3. Check (✓) the appropriate category in which you are seeking registration.
4. Applicant **MUST NOT** be related to any reference. Board members may not be used as references.
5. References should have personal knowledge of your experience and be able to attest to the entire amount of required experience outlined in #9 of this form.

**Reference Person:**

The applicant is required to furnish evidence of qualification for registration in the category checked below. In this regard, you are asked to attest to the applicant's character, ability, reputation, and professional skills. Be assured that all information will be held strictly confidential by the Board.

1. Please answer questions on the reverse side of this form.
2. Sign and date at the bottom of page.
3. SEND COMPLETED FORM TO: BOX 1335, JEFFERSON CITY, MO 65102-1335, IN A SEALED ENVELOPE.
4. References with a professional license must attach a copy of their license.
5. The completed reference form and copy of license, if required, **MUST** be mailed directly to the Board office.

**I. APPLICANT DATA**

APPLICANT NAME (LAST, FIRST MIDDLE)

ADDRESS

CITY	STATE	ZIP CODE
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APPLICANT FOR REGISTRATION AS: (CHECK ONE)

REGISTERED GEOLOGIST       GEOLOGIST-REGISTRANT IN-TRAINING

NAME AND ADDRESS OF REFERENCE PERSON

**\*\*\*REFERENCE PERSON, RETURN THIS FORM, IN ENCLOSED ENVELOPE, SEALED, TO:**

Board of Geologist Registration  
Department of Economic Development  
Division of Professional Registration  
3605 Missouri Boulevard  
P.O. Box 1335  
Jefferson City, MO 65102-1335

MO 419-2089 (6-95)



**PART II. THIS SIDE TO BE COMPLETED BY REFERENCE PERSON**

1. NAME (LAST, FIRST, MIDDLE)	DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)
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2. WHAT IS YOUR PRESENT BUSINESS OR PROFESSION?

3. IF IN INDIVIDUAL PRACTICE, PLEASE INDICATE NATURE OF SUCH PRACTICE

4. ARE YOU A LICENSED GEOLOGIST OR PROFESSIONAL ENGINEER <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ▶	STATE	LICENSE NO
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5. HOW LONG HAVE YOU KNOWN THE APPLICANT?	FROM (MONTH/YR)	TO (MONTH/YR)
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6. WHAT HAS BEEN YOUR PROFESSIONAL ASSOCIATION WITH APPLICANT?

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7. ARE YOU, IN ANY WAY, RELATED TO APPLICANT?  YES  NO IF YES, RELATIONSHIP

8. DO YOU KNOW OF ANYTHING REFLECTING ADVERSELY ON THE INTEGRITY OR GENERAL GOOD CHARACTER OF APPLICANT?  YES  NO IF YES, EXPLAIN

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9. TOTAL NUMBER OF MONTHS APPLICANT ENGAGED IN PRACTICE OF GEOLOGY UNDER YOUR SUPERVISION ▶

	NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	VERY GOOD
A. SUBSTANTIVE KNOWLEDGE OF THE PRACTICE OF GEOLOGY.				
B. ABILITY TO ESTABLISH AND MAINTAIN GOOD INTERPROFESSIONAL RELATIONS.				
C. UNDERSTANDING OF AND ADHERENCE TO APPROVED STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT.				
D. PERSONAL CHARACTER: HONESTY, INTEGRITY AND GENERAL CONDUCT.				
E. REPUTATION AMONG WORK GROUP.				
F. CAPACITY FOR PROFESSIONAL GROWTH AND DEVELOPMENT.				
G. I WOULD RATE THIS APPLICANT'S OVERALL PERFORMANCE UNDER MY SUPERVISION AS:				

RECOMMENDATION FOR CERTIFICATION

WITHOUT RESERVATION  DO NOT RECOMMEND (ATTACH EXPLANATION)

WITH RESERVATION (ATTACH EXPLANATION)

**III. SUPERVISOR ATTESTATION**

The foregoing information which I have supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE ▶	DATE
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MO 419-2089 (6-95)

**4 CSR 145-1.040 Fees**

*PURPOSE: This rule establishes the fees for the Board of Geologist Registration.*

(1) The following fees are established by the Board of Geologist Registration and are payable in the form of a cashier's check, personal check or money order:

- (A) Registered Geologist Application Fee \$125.00
- (B) Examination and Reexamination Fees—
  - 1. Fundamentals of Geology \$150.00
  - 2. Principles and Practices of Geology \$150.00
- (C) Examination Administration Fee \$ 25.00
- (D) Geologist-Registrant In-Training Application Fee \$ 25.00
- (E) Geologist-Registrant In-Training Renewal Fee \$ 25.00
- (F) License Renewal Fee \$100.00 and in addition—
  - 1. One (1) day to two (2) years late \$ 50.00
- (G) Endorsement to Another Jurisdiction \$ 10.00
- (H) Replacement Wall Hanging \$ 15.00
- (I) Educational Review \$ 35.00
- (J) Insufficient Funds Check Fee Charge \$ 50.00.

*AUTHORITY: section 256.465.2, RSMo 2000.\* Emergency rule filed June 29, 1995, effective July 9, 1995, expired Nov. 5, 1995. Original rule filed Sept. 28, 1995, effective May 30, 1996. Amended: Filed April 13, 2001, effective Oct. 30, 2001.*

*\*Original authority: 256.465.2, RSMo 1994.*