**Indiana Board of Licensure for Professional Geologists**

**Application to take the Association of State Boards of Geology (ASBOG) Exam**

### Exam Schedule

<table>
<thead>
<tr>
<th>Test Dates</th>
<th>Fee Remittal Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spring 2018</strong></td>
<td>March 16, 2018</td>
</tr>
<tr>
<td><strong>Fall 2018</strong></td>
<td>October 5, 2018</td>
</tr>
<tr>
<td><strong>Spring 2019</strong></td>
<td>March 15, 2019</td>
</tr>
<tr>
<td><strong>Fall 2019</strong></td>
<td>October 4, 2019</td>
</tr>
</tbody>
</table>

The two-part examination (Fundamentals of Geology and Practice of Geology) is offered twice a year. Applications must be accompanied by the fee of $150.00 ($200.00 effective with Spring, 2018 exam) for the Fundamentals of Geology examination and $250.00 for the Practice of Geology examination, and must be received by the fee remittal deadline. Please complete the form below and remit to: Licensing Coordinator, Indiana Geological Survey, 611 N. Walnut Grove, Bloomington, IN 47405. Fees must be paid in the form of a check, cashier's check, or money order payable to "Indiana University." We accept Visa, Discover, MasterCard or American Express payments. Effective January 15, 2015 the Indiana Geological Survey and LPG Program WILL NO LONGER PROCESS payments received by email, voicemail or fax. We kindly request you make payments online at http://igs.indiana.edu/LPG/ and clicking on “Apply/Renew Online”. Alternately, you can transmit credit card information by phone to an IGS Representative during business hours or by USPS mail.

**Applicant's Name**

__________________________________________

**Mailing Address**

__________________________________________

**City, State, Zip**

__________________________________________

**Phone Number**

__________________________________________

**Degree(s)**

__________________________________________

**Last 4 digits of Social Security Number (REQUIRED)**

__________________________________________

**E-mail Address**

__________________________________________

**Date of Exam**


I agree to take the ASBOG examination(s) on the date specified above. I have enclosed the examination fee(s). If I choose not to take the exam(s), I agree to notify the Administrator before the exam date. I understand that in cancelling or rescheduling my exam(s), I will be required to pay an additional $25 rescheduling fee for each examination required by the Association of State Boards of Geology.

**Signature**

__________________________________________

**Date**

__________________________________________

### Amount Due

<table>
<thead>
<tr>
<th>Examination</th>
<th>Unit Cost</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals of Geology</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>Practice of Geology</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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### FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>KFS DOC ID. #</th>
<th>DATE</th>
<th>PAYMENT #</th>
<th>DATE</th>
<th>AMOUNT</th>
<th>RCT NO.</th>
<th>RECEIVED DATE</th>
</tr>
</thead>
</table>

DO NOT include payment information if emailing or faxing the form to the IGS

**Account Number**

__________________________________________

**EXP Date**


**Name (as it appears on card)**

__________________________________________

**Signature**

__________________________________________

I authorize Indiana University – Indiana Geological Survey to charge my credit card for the total amount due.