

State of Florida
Department of Business and Professional Regulation
Board of Professional Geologists
Registration of Geology Business
Form # DBPR PG 4702

TYPE OF FORM	FORM REQUIREMENTS
Registration of Geology Business	<input type="checkbox"/> Complete all portions of this form. <input type="checkbox"/> Attach any applicable additional documentation (i.e. additional officers or geologists, etc.)

Please mail your completed form to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, Florida 32399-0783

Instructions

*If you have any questions or need assistance in completing this for. Please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

At all times geological services are offered to the public, the firm, corporation, or partnership has on file with the Department, a geologist of record. A geologist of record may be any principal officer or employee of such firm or corporation, or any partner or employee of such partnership who holds a current, active license as a professional geologist in this state, or any other Florida-licensed professional geologist with whom the firm, corporation, or partnership has entered into a long-term, ongoing relationship, as defined by rule of the board to serve as one of its geologist of record.

“Long-term, ongoing relationship” shall mean a contractual relationship between the professional geologist and the firm, corporation, or partnership, in which the professional geologist performed or is responsible for the supervision direction, or control of the work contained in the geological papers, reports, or documents that are signed, dated, and sealed by the professional geologist.

Form Instructions (by section)

a. Section I

- i. Check Box

b. Section II- Business Information

- i. Fill out each section completely.
ii. Provide the name of the geology firm as it is registered with the Florida Division of Corporations.
iii. The “Doing Business As” (D/B/A) name must be provided as it is registered with the Florida Division of Corporations.
iv. Provide the mailing address for the firm. This may be a post office box address.
v. Provide the business location of the firm’s main place of business. This address must be a physical location. A post office box is not acceptable for the business location address.
vi. Provide a valid phone number and email address. Contact information is often used to quickly resolve questions by telephone call or email. If contact information is not provided, questions will be mailed to the mailing address of the business or geologist and may take longer to resolve.

c. Section III

- i. Provide the name, phone number, email address and license number(s) of the geologist of record.

d. Section IV

- i. The affirmation by written declaration must be signed by the owner, officer or director of the firm authorized to execute the form for the firm.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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For additional information see the Instructions at the beginning of this form.

Section I Type of Form

TYPE OF FORM
<input type="checkbox"/> Registration of Geology Business [5302/1030]

Section II – Business Information

BUSINESS INFORMATION		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Email Address	



Section III – Qualifying Geologist/Geologist of Record Information

QUALIFYING GEOLOGIST /GEOLOGIST OF RECORD INFORMATION			
License Number:			
Last/Surname	First	Middle	Suffix
Primary Phone Number	Email Address		

Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this form as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing form and the facts stated in it are true. I understand that falsification of any material information on this form may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	