Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506
www.dpor.virginia.gov



Board for Professional Soil Scientists, Wetland Professionals, and Geologists PROFESSIONAL SOIL SCIENTISTS LICENSE RENEWAL FORM Fee \$70.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

<u>General Information</u> - Licenses cannot be renewed more than 90 days prior to expiration. The department automatically mails renewal notices to the license or certificate address of record approximately 45 days prior to expiration. If you receive a renewal notice from this department for your license, and you have already submitted this form with payment, please disregard the renewal notice.

Licensees shall complete eight contact hours of continuing education (CE) **per year** for renewal or reinstatement. CE shall be completed pursuant to the provisions of 18VAC145-20-145.

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1.	Provide your Virginia	License	Number:														
	Virginia License N	lumber								Expi	ratio	n Da	ıte [*]				
	 If renewal fee and p additional \$25 late fee license holder will bee If the reinstatement fexpiration date, the if a new applicant, mee 	ee will be required ee and do ndividual	charged. If to pay the r ocumented shall no lon	paymenteinstate proof of ger be	nt and pro ement fee completio considere	of of co of \$90. In of Cl Id a lice	omple .00 (in E are ense h	etion of addi not re older	of CE tion to eceive . To b	are no the re ed by th become	t rec newa ne bo	eived al fee) ard w	by th). rithin c	e board one year	within follow	6 months, t	he se
2.	Full Legal Name (As it appears on your government issued ID or other legal documentation.)																
	Last (required) First				(required)						Middle					Generatio	 n
3.	Provide at least <u>one</u> o		•	ntificat	ion numl	pers*:] -			- [
	☐ <u>Virginia</u> DMV Control Number																
	Enter the same identifState law requires even by the Commonwealth	ery applican	t for a license	, certifica	te, registrati	on or ot	her aut	horiza	ition to	engage	in a b	usines	ss, trad	e, profess		occupation issu	iec
4.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.			_												Zip Code	_
	·				City State												
5.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED				Check here if Street Address is the <u>same</u> as the Mailing Address listed above.												
				City	1									State		Zip Code	
6.	Contact Numbers		one Alternate Telephone														
			Primary Tel	ephone			A	Alterna	ite Tel	ephone							
OFFICE	DATE F	EE	TRANS COD	E	ENTITY :	‡	1			FILE	#/LICE	NSE #				ISSUE DATE	_
USE ONLY							3	401									

7.	Email Address									
	Email address is considered a public record and will be disclosed upon request from a third party.									
8.	Have you completed eight contact hours of continuing education (CE) per year for this renewal or reinstatement period? CE shall be completed pursuant to the provisions of 18VAC145-20-145. No If no, you can not renewal/reinstate your license at this time until all CE requirement are met. Yes If yes, attach copy of a certificate or transcripts showing successful completion of CE requirement.									
9.	By signing this form, I certify the following statements:									
	 I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license. 									
	 I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction). 									
	 I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department. 									
	 I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation. 									
	 I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 22, of the Code of Virginia and the Virginia Professional Soil Scientists, Wetland Professionals and Geologists Regulations; Regulations Governing Professional Soil Scientists. 									
	Date									
	Signature of License Holder (Required)									

Important Reminders:

- Licensees must notify the board of any Name or Address changes within 30 days of the change. Forms can be accessed on our DPOR website: www.dpor.virginia.gov/FormsAndApplications/
- The Board's regulations may be accessed on the DPOR website: www.dpor.virginia.gov/Boards/SSWPG/

Mail this form with your renewal fee (check or a completed credit card payment form) to the following address:

Department of Professional and Occupational Regulation Post Office Box 29570 Richmond, VA 23242-0570