

Board for Professional Soil Scientists, Wetland Professionals, and Geologists
PROFESSIONAL SOIL SCIENTISTS LICENSE RENEWAL FORM
Fee \$90.00

A check or money order payable to the **TREASURER OF VIRGINIA**,
or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

General Information - 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.

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

1. Provide your Virginia License Number:

Virginia License Number Expiration Date

- ♦ If renewal fee and proof of completion of CE are not **received** by the board within 30 days following the license expiration date, an additional \$50 late fee will be charged. If payment and proof of completion of CE are not received by the board within 6 months, the license holder will be required to pay the reinstatement fee of \$125.00 (in addition to the renewal fee).

If the reinstatement fee and documented proof of completion of CE are not received by the board within one year following the license expiration date, the individual shall no longer be considered a license holder. To become licensed again, the individual shall apply as a new applicant, meet all current education, experience, and examination requirements

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

3. Provide at least **one** of the following identification numbers*:

☐ **Social Security Number** and/or

- -

☐ **Virginia DMV Control Number**

- Enter the same identification number as used on examination, previous applications or licenses on file with the department.

- * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Mailing Address (PO Box accepted)

The mailing address will be
printed on the license.

City State Zip Code

5. Street Address (PO Box **not** accepted)

PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the **same** as the Mailing Address listed above.

City State Zip Code

6. Contact Numbers

Primary Telephone

Alternate Telephone

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					3401	

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 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*.

Signature of License Holder (Required)

Date

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