

STATE OF OREGON  
BOARD OF GEOLOGIST EXAMINERS  
503-566-2837  
[osbge.info@state.or.us](mailto:osbge.info@state.or.us)

**APPLICATION FOR A TEMPORARY PERMIT**

Date: \_\_\_\_\_

*Note: Per ORS 672.545(3)(b), this form must be filed with the Board before commencing the project described below and, upon completion of the work, a statement of the time engaged in such work must be presented as notification that the project is complete.*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Registration No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Period Temporary Permit is desired \_\_\_\_\_ (not to exceed 60 days)

Location of Project: \_\_\_\_\_

Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach information about the project or continue the description on another page as needed.

Date Received:

Temporary Number: