TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS
P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4408 • www.tbpg.state.tx.us

Application for P.G. Licensure

Name:		Birthdate:	
Mailing address + city, state, zip:		SSN*:	
E-mail address:		Phone:	
Business Name:		Bus. Phone:	
Business Address:		Bus. Email:	

SECTION I. MILITARY SERVICE

Are you a U.S. Military Service Member, a Military Veteran, or a Military Spouse?

☐ Yes ☐ No Dates of applicable Military Service (from/to): _____

Please note that provisions of Texas Occupations Code 55 and TBPG rules may benefit military service members, military veterans, and military spouses. Official documentation regarding military status may be required.

SECTION II. LICENSE INFORMATION

Indicate the discipline in which you seek to be licensed *(check only one box)*

☐ Geology ☐ Geophysics ☐ Soil Science

☐ Yes ☐ No Are you seeking a temporary license?

☐ Yes ☐ No Have you ever held, or do you currently hold a license in or related to the practice of Professional Geoscience in another state or jurisdiction? *(i.e. Professional Geoscience, Engineer, licensed Driller, etc.)*

If yes, please submit **Verification of other Licenses** *(Form XII)* for all other states/ jurisdictions in which you hold or have held a license. List all states in which you have been licensed, and include a copy of all licenses: _____

If you are seeking licensure by reciprocity, please select one of the following:

☐ Reciprocity Agreement *(TBPG RULE 851.29(b)(1))* **Check one:** ☐ AL ☐ AK ☐ LA ☐ MS ☐ WY

☐ Similar licensing examination *(TBPG RULE 851.29(b)(2))* In which state? _____

☐ Cooperative licensure *(TBPG RULE 851.29(b)(3))* Which state are you currently license in? _____

Exam: If you are requesting to sit for the Geology or Geophysics licensure exam, please submit the **Exam Request Form** *(Form E)* to TBPG with the required documentation.

Waiver: Are you requesting a waiver?

☐ Yes ☐ No If yes, for which requirement? _____

If the answer is yes, please submit the **Request for Waiver Applicant Acknowledgement** *(Form VI)* with your application.

---

*The Social Security number disclosure is required by §231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information, please see TBPG rule §851.155 for more information, or contact the Texas Attorney General at (512)460-6000, 1-800-252-8014.

TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS
P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4408 • www.tbpg.state.tx.us

SECTION III. CRIMINAL/ADMINISTRATIVE/LITIGATION HISTORY If your answer to any of the questions below is "yes," please submit to TBPG a detailed narrative description of each incident or issue and provide legal documentation (court orders, administrative orders, etc.) that documents the final resolution.

Administrative (Licensing) History

☐Yes ☐No Has a complaint ever been filed against you with a professional licensing agency alleging violation of laws or rules pertaining to professional practice?

☐Yes ☐No Has a professional licensing agency ever found you to be in violation of laws or rules pertaining to professional practice?

☐Yes ☐No Has a professional licensing agency imposed sanctions or other disciplinary action against you?

☐Yes ☐No Have you had a professional license or certification or any other authorization or privilege to practice in any setting restricted, denied, probated, suspended or revoked?

Criminal History

☐Yes ☐No Have you been arrested?
☐Yes ☐No Are charges pending for any of the above?
☐Yes ☐No Have you received deferred adjudication?
☐Yes ☐No Have you been charged of a crime other than a minor misdemeanor traffic offense?
☐Yes ☐No Have you been convicted of a crime other than a minor misdemeanor traffic offense?

Litigation History

☐Yes ☐No Have you ever been sued for issues involving your professional practice?

SECTION IV. EDUCATION

☐ Yes ☐ No Have you met the education requirement of 30 semester hours (or 45 quarter hours) in geoscience coursework, two- thirds of which are in upper level courses?

Type of School	Name and Location	Dates Attended	Date Graduated Degree Type/ Year	Major/Minor Field of Study
Undergraduate Colleges or Universities				
Graduate Schools				

TBPG Rules regarding academic transcripts and coursework:

- An official transcript (including either grades or mark sheets and proof that the degree was conferred) shall be provided for the degree(s) utilized to meet the educational requirements for licensure. Official or notarized copies of transcripts shall be submitted to the TBPG. Official transcripts shall be forwarded directly to the TBPG office by the respective registrars.
- Degrees and coursework earned at foreign universities shall be acceptable if the degree conferred and coursework have been determined by a member of the National Association of Credential Evaluation Services (NACES) to be equivalent to a degree conferred by or coursework completed in an accredited institution or program Please see www.naces.org for more information regarding their services.

TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS
P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4408 • www.tbpg.state.tx.us

SECTION V. SUMMARY OF PROFESSIONAL EXPERIENCE

INSTRUCTIONS: In the chart below, please list in chronological order your employment history. Indicate the beginning and end dates, provide the name of each employer and telephone number of someone familiar with your work experience, preferably the person to whom you reported.

Begin Date: (MM/DD/YY)	End Date: (MM/DD/YY)	Total # Years	Employer Name Address Phone - Email	Job Title	Work Experience Record included Yes/No

---

SECTION VI. QUALIFYING WORK EXPERIENCE RECORD (TBPG Rule §851.23)

INSTRUCTIONS:

Applicant shall complete the Qualifying Work Experience Record as part of Application Form A and provide a detailed description of the following:

- The experience record shall be written by the applicant, shall clearly describe the geoscience work that the applicant personally performed in each setting, and shall delineate the role of the applicant in any group geoscience activity.
- The experience record should provide an overall description of the nature and scope of the work with emphasis on detailed descriptions of the geoscience work personally performed by the applicant.
- The experience record must demonstrate evidence of the applicant's competency to be placed in responsible charge of geoscience services.
- Experience is qualifying if the applicant's duties and responsibilities included the performance of geoscience tasks or is acceptable to the TBPG.

Applicant may also submit any additional supplemental documentation such as, a detailed resume, reference letters, and any other documentation to allow Board staff to document the minimum amount of experience required.

Upon completing the Qualifying Work Experience Record, please submit with the application.

TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS
P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4408 • www.tbpg.state.tx.us

CERTIFICATION OF ACCURACY

1) I UNDERSTAND THAT THE CONTENTS OF THE QUALIFYING LICENSURE EXAMINATION ARE CONFIDENTIAL AND THAT REVEALING QUESTIONS AND ANSWERS TO ANOTHER APPLICANT OR TO ANY PERSON ASSOCIATED WITH A SCHOOL OR EXAMINATION PREPARATION COURSE IS GROUNDS FOR DENIAL OF A LICENSE OR REVOCATION OF MY LICENSE. IF I AM ASKED TO REVEAL THE CONTENTS OF AN EXAMINATION, I WILL NOT DO SO.

2) I CERTIFY THAT I WILL COMPLY WITH THE RULES AND CODE OF PROFESSIONAL CONDUCT ADOPTED UNDER THE TEXAS GEOSCIENCE PRACTICE ACT.

3) I FURTHER CERTIFY THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE AND ACCURATE.

_____ _____
Applicant Name Date

_____ _____
Applicant Signature

THIS BOX FOR TBPG USE ONLY

DATE COMPLETED _____/_____/_____ **DATE LICENSED:** _____/_____/_____ **LICENSE #:**_____

EXAM TAKEN: ☐ **ASBOG** ☐ **CSSE** ☐ **TX GEOPHYSICS** ☐ **OTHER** _____

SCORE: Fundamentals_____ **/on date:** _____/_____/_____

Practice_____ **/on date:** _____/_____/_____

GRANTED BY: ☐ **Exam** ☐ **Cooperative: (State)** _____

☐ **Reciprocity w/similar exam (State)**_____ ☐ **Reciprocity agreement: AR AL MS LA WY**

☐ **Waiver** _____ ☐ **Substitution**_____**Board Meeting Date:** _____/_____/_____

☐ **Other**_____

APPLICATION APPROVED BY _____ **DATE APPROVED** _____/_____/_____