



TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

GEOSCIENTIST LICENSE APPLICATION

P. O. Box 13225 920 Colorado (800) 803-9202 www.tbpg.state.tx.us
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NAME SOCIAL SECURITY NUMBER*

DATE OF BIRTH EMAIL ADDRESS

TELEPHONE NUMBER () FAX NUMBER ()

MAILING ADDRESS NUMBER AND STREET CITY STATE ZIP

BUSINESS NAME

BUSINESS TELEPHONE NUMBER () BUSINESS FAX NUMBER ()

BUSINESS ADDRESS NUMBER AND STREET CITY STATE ZIP

INDICATE THE DISCIPLINE IN WHICH YOU SEEK TO BE LICENSED: (CHECK ONLY ONE)

GEOLOGY GEOPHYSICS SOIL SCIENCE

ARE YOU A CERTIFIED GEOSCIENTIST? IF YES, ATTACH COPY OF CERTIFICATION(S)
ARE YOU A LICENSED GEOSCIENTIST? IF YES, ATTACH COPY OF LICENSE(S)
ARE YOU SEEKING A TEMPORARY LICENSE?
ARE YOU REQUESTING A WAIVER? IF YES, FOR WHICH REQUIREMENT
ARE YOU SEEKING A RECIPROCAL LICENSE? IF YES, WITH WHICH ENTITY? (ENTITY MUST BE A STATE, DISTRICT OF COLUMBIA, TERRITORY OR POSSESSION OF THE UNITED STATES, OR A FOREIGN COUNTRY)

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO, A FELONY?

HAVE YOU MET THE EDUCATION REQUIREMENT OF 30 SEMESTER (45 QUARTER HOURS) HOURS IN YOUR DISCIPLINE, TWO THIRDS OF WHICH ARE IN UPPER LEVEL COURSES?

EDUCATION

Table with 5 columns: Type of School, Name and Location, Dates Attended, Graduated?, Major/Minor Field of Study. Rows for Undergraduate Colleges or Universities and Graduate Schools.

*The Social Security number disclosure is required by section 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.



EXPERIENCE: Note: You may submit a resume in lieu of completing the experience section of this application.

EMPLOYER:	SUPERVISING LICENSED GEOSCIENTIST:	
MAILING ADDRESS:	SUPERVISOR'S TELEPHONE NUMBER: ()	
CITY AND STATE/ZIP:	STARTING DATE:	LEAVING DATE:

DESCRIBE JOB DUTIES IN DETAIL:

EMPLOYER:	SUPERVISING LICENSED GEOSCIENTIST:	
MAILING ADDRESS:	SUPERVISOR'S TELEPHONE NUMBER: ()	
CITY AND STATE/ZIP:	STARTING DATE:	LEAVING DATE:

DESCRIBE JOB DUTIES IN DETAIL:

EMPLOYER:	SUPERVISING LICENSED GEOSCIENTIST:	
MAILING ADDRESS:	SUPERVISOR'S TELEPHONE NUMBER: ()	
CITY AND STATE/ZIP:	STARTING DATE:	LEAVING DATE:

DESCRIBE JOB DUTIES IN DETAIL:

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

I UNDERSTAND THAT THE CONTENTS OF THE QUALIFYING 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 DISAPPROVAL OF THE APPLICATION OR REVOCATION OF MY LICENSE. IF I AM ASKED TO REVEAL THE CONTENTS OF AN EXAMINATION, I WILL NOT DO SO.

I CERTIFY THAT I WILL COMPLY WITH THE RULES AND CODE OF PROFESSIONAL CONDUCT ADOPTED UNDER THE TEXAS GEOSCIENCE PRACTICE ACT. I FURTHER CERTIFY THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION AND ALL ATTACHEMENTS ARE TRUE AND CORRECT.

Applicant Signature

Date

Before me _____ the undersigned authority, on this day personally appeared _____
Name of Notary Name of Applicant

and signed this Application to become a Licensed Geoscientist.

Sworn, subscribed and signed before me in the County of _____, State of _____, on the _____ day of _____, 20_____.

(Seal)

Notary Public Signature