



TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

PERSONAL REFERENCE FORM

(TWO REQUIRED)

P. O. Box 13225 920 Colorado (800) 803-9202 www.tbpg.state.tx.us
Austin, TX 78711 Austin, TX 78701 (512) 463-6599
FAX: (512) 475-2871 geoscientists@tbpg.state.tx.us

THIS BOX TO BE COMPLETED BY APPLICANT

NAME _____ DATE OF BIRTH _____

ADDRESS _____
NUMBER AND STREET CITY STATE ZIP

I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE

SIGNATURE _____ DATE _____

THE REMAINDER OF THIS FORM TO BE COMPLETED BY RESPONDENT

The above named applicant has applied for licensing as a geoscientist in Texas under provisions of TAC, Title 22, Examining Boards, Part 39, Chapter 851. The Texas Board of Professional Geoscientists requires, as part of the licensing process, references to satisfy the Board as to the character, reputation, responsibility, integrity and competence of the applicant. These references must be submitted by a personal acquaintance or professional colleague who has known the applicant for at least 5 years immediately prior to the submission of this application for licensure on the reference forms provided.

This form has been supplied to you by the applicant. Your candid appraisal of the applicant's professional competence is appreciated, and the Board will treat the information as confidential. Please seal the envelope, place your signature across the flap, cover with transparent tape, and mail to the applicant.

1. Your name: _____

2. Your address: _____
NUMBER AND STREET CITY STATE ZIP

Telephone Number: _____



3. How long have you known the applicant:
a. Personally: _____
b. Professionally: _____

4. What has been your professional relationship with the applicant?
 Employer Friend
 Supervisor Relative
 Co-worker Other, please specify _____

5. Please indicate your appraisal of the applicant in the following categories:

	Excellent	Good	Poor	Unknown
a. Personal Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?
 Yes No
If "yes," please explain on separate sheet.

7. Additional information and comments which would amplify or clarify the items above and thus assist the Board in evaluating the applicant's experience and qualifications are strongly requested. Attach additional pages as required.

SIGNATURE _____ DATE _____