



TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

PROFESSIONAL REFERENCE FORM

(THREE REQUIRED)

P. O. Box 13225 920 Colorado (800) 803-9202 www.tbpg.state.tx.us
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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. The references must be submitted by a geoscientist, or other professionals acceptable to the Board, who have personal knowledge of the applicant's relevant work experience.

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 profession:
2. Your years of experience:
3. Your specialty (if any):



* G E O *

* E X P *

4. Your professional registration/license/certification:
- a. Type (geologist, geophysicist, soil scientist): _____
 - b. State: _____
 - c. Registration/Certification Number: _____
 - d. Date of issue: _____

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

6. What has been your professional relationship with the applicant?
- | | |
|------------------------------------|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Other, please specify _____ |

7. Please indicate your appraisal of the applicant in the following categories:
- | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Poor | Unknown |
| a. Technical competence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professional integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Professional reputation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Personal integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. 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.

9. Would you entrust the applicant with responsibility for an important geoscientific project involving the life, health, property and welfare of the public?
- Yes No

(If "No," please explain. Please consider this question carefully. As a licensed professional, the applicant will represent all geoscientists working in the public sector.)

10. 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.

YOUR NAME _____ TELEPHONE _____

ADDRESS _____
NUMBER AND STREET
CITY
STATE
ZIP

SIGNATURE _____ DATE _____