



**TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS**  
P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4400 • fax (512) 936-4409  
www.tbpg.state.tx.us

**Verification of other Licenses**

**Instructions: It is the responsibility of the applicant to request the necessary verification and pay any applicable fees.**

**Part I:** Complete and send a copy of this form to every jurisdiction or state in which you have been licensed.

**Part II:** To be completed by the Licensing/Regulatory Board. Please return to the Texas Board of Professional Geoscientists.

**PART I: THIS SECTION TO BE COMPLETED BY THE APPLICANT**

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Phone: \_\_\_\_\_ License Type: (check one)  
SSN#: \_\_\_\_\_  Geology  Geophysics  Soil Science  
 Other: \_\_\_\_\_

I was granted a license as described above and request that verification of that license be submitted to the Texas Board of Professional Geoscientists.

\_\_\_\_\_  
Signature Date

**PART II: THIS SECTION TO BE COMPLETED BY REGULATORY BOARD**

*I certify that the records of the State of \_\_\_\_\_ show that the above individual:*

- 1) Was licensed/registered as a Geologist/Geophysicist/Soil Scientist on: \_\_\_\_\_ (date)
- 2) Holds/held license # \_\_\_\_\_; which expires/expired on: \_\_\_\_\_ (date)
- 3) Is the license holder in good standing:  
 Yes  No **If "NO" please describe on a separate sheet.**
- 4) Have they been the subject of disciplinary action or complaint:  
 Yes  No **If "YES" please describe on a separate sheet.**
- 5) Was granted licensure by:  
 Reciprocity/Comity  Endorsement, by the state of: \_\_\_\_\_  
 Grandfathered (did not take licensing exam)  
 Licensing Exam:  ASBOG  Other exam: \_\_\_\_\_  
Score: Fundamentals \_\_\_\_\_ /on date: \_\_\_\_\_  
Score: Practice \_\_\_\_\_ /on date: \_\_\_\_\_
- 6) License holder met the following requirements:  
Experience: Years experience \_\_\_\_\_  
Education: Degree/Major \_\_\_\_\_  
• At least 30 hours of geoscience coursework?  Yes  No  
• At least 20 hours upper division geoscience coursework?  Yes  No  
References: \_\_\_\_\_ # Personal references  
                  \_\_\_\_\_ # Professional references

\_\_\_\_\_  
Signature/Title Date  
\_\_\_\_\_  
State Board Phone Number

