

**Texas Board of Professional Geoscientists
Advisory Opinion Request Form**

Date:

Name of Requestor:

Contact Information:

Please state your request and include specific details on the situation that has prompted this request. Attach any additional information that will help us to understand your request:

(Optional) If known, what statute or rule of the Texas Geoscience Practice Act addresses this issue?

(Optional) Is there anyone who may have a stake in the outcome of this opinion, who may want to provide input or advice regarding your request? Please include specific contact information if known.

(Optional) If known, is there pending litigation involving this situation?

For Agency Use Only:

Date Received by TBPG:		Advisory Opinion Request Tracking Number:	
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