



# TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4400 • fax (512) 936-4409  
Website: www.tbpg.state.tx.us

## Verification of Soil Science Examination Scores

### INSTRUCTIONS:

1. It is the responsibility of the applicant to request the necessary verification.
2. **Part I** is to be completed by the applicant and sent to:  
*Council of Soil Science Examiners, Attn: Marta McCoy, 5585 Guilford Road, Madison, WI 53711*
3. **Part II** is to be completed by CSSE and sent directly to TBPG.

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

Applicant Name (Under which the exam was taken): \_\_\_\_\_

Exam Taken: Select the appropriate CSSE Soil Science examination(s) below

- Fundamentals of Soil Science \_\_\_\_\_ (date)
- Practice of Soil Science \_\_\_\_\_ (date)

Exam location: \_\_\_\_\_, \_\_\_\_\_  
City State

I hereby authorize the Council of Soil Science Examiners to release my examination scores to the Texas Board of Professional Geoscientists.

\_\_\_\_\_  
(Signature of applicant) Date

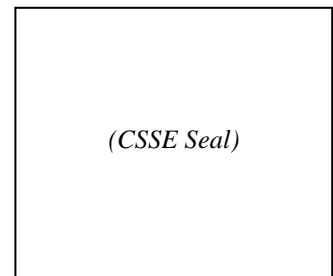
**PART II: THIS PORTION TO BE COMPLETED BY CSSE**

I certify that the records of the Council of Soil Science Examiners show that the above applicant took the CSSE Soil Science licensing examination(s) and results as noted below:

- |  |                 |                     |
|--|-----------------|---------------------|
| <input type="checkbox"/> Fundamentals of Soil Science exam | Passed / Failed | Date of exam: _____ |
| <input type="checkbox"/> Practice of Soil Science exam     | Passed / Failed | Date of exam: _____ |

\_\_\_\_\_  
(Signature) (Title)

\_\_\_\_\_  
(Phone) (Date)



Please return this form to:  
**TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS**  
P O BOX 13225  
AUSTIN, TX 78711