



TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4408 • www.tbpg.state.tx.us

Firm Registration Initial Application Form

Please complete this form by typing or printing legibly in ink, and mail it with the applicable fee to the Board at the address indicated above. Complete all sections, marking N/A where applicable. The application fee is non-refundable and must be submitted with the application in the form of a check or money order made payable to the **Texas Board of Professional Geoscientists (TBPG)**. Application may also be submitted online.

SECTION I. Firm Legal Name: _____

DBA (if applicable): _____

Headquarters Business Address: _____
Street City State Zip

Main Phone: _____ **Fax:** _____ **County:** _____

Hours of Operation: _____

Mailing address (if different from headquarters address):

Street or P O Box City State Zip

Professional Geoscientist (P.G.) in responsible charge of geoscience work in Texas at this office:

Name: _____ **TX P.G. License #:** _____ **Expiration Date:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

SECTION II. Firm Registration Fee:

Firms include Corporation, Joint Stock Association, Partnership, Co-partnership, or other.

Choose one:

- \$300 Firm Registration Fee.** Firm registration is valid for one year and may be renewed.
- \$250 Temporary Firm Registration Fee.** Temporary Firm Registration is valid for 90 days and is not renewable.

Employer Identification Number (EIN) #: _____

If applying for a Temporary Firm Registration, you must be licensed in another state or country.

Current License or Registration number: _____ **State or Country:** _____

Please submit proof of firm licensure or registration in another state or foreign country with your temporary firm registration application. -TBPG rule 22 TAC 851.31.

SECTION III. Subsidiary or Branch Offices offering geoscience services to the public in Texas:

(Provide an additional sheet for a list if necessary.) None or N/A

1) Branch or Office Name: _____
City State

Mailing Address: _____
Street or P O Box City State Zip

Phone: _____ Fax: _____ E-mail: _____

Hours of Operation: _____

Professional Geoscientist in responsible charge of geoscience work for Texas in this office:

Name: _____ Texas P.G. License #: _____

Phone: _____ Fax: _____ E-mail: _____

2) Branch or Office Name: _____
City State

Mailing Address: _____
Street or P O Box City State Zip

Phone: _____ Fax: _____ E-mail: _____

Hours of Operation: _____

Professional Geoscientist in responsible charge of geoscience work for Texas in this office:

Name: _____ Texas P.G. License #: _____

Phone: _____ Fax: _____ E-mail: _____

SECTION IV. Officers or Directors of Business entity (per Board Rule §851.30(c) (2))

An additional sheet or list that includes the following information for each Officer, Director, and/or authorized individual may be provided, if necessary.

Name Business Address City State Zip

Phone: _____ Fax: _____ E-mail: _____ Title: _____

Name Business Address City State Zip

Phone: _____ Fax: _____ E-mail: _____ Title: _____

Name Business Address City State Zip

Phone: _____ Fax: _____ E-mail: _____ Title: _____



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SECTION V. Other P.G.s in responsible charge of geoscience work on behalf of the firm (per Board Rule §851.30(d) and §851.152). An additional sheet and/or attached list may be provided, if necessary.

Name _____ Business Address _____ City _____ State _____ Zip _____

Business Phone: _____ Current Texas P.G. #: _____

Name _____ Business Address _____ City _____ State _____ Zip _____

Business Phone: _____ Current Texas P.G. #: _____

Name _____ Business Address _____ City _____ State _____ Zip _____

Business Phone: _____ Current Texas P.G. #: _____

SECTION VI. Verification of the Authorized Official of the Firm (AOF):

All Firms: By the signature of the Authorized Official of the Firm (AOF) below, you certify that all information submitted herein is true and correct; further, no information has been withheld that might be relevant to this application.

Temporary Firms only: By the signature of the Authorize Official of the Firm (AOF), you also certify:

1. That all signed and sealed work products must include the seal of the firm for the non-Texas jurisdiction in which the firm is licensed or registered, the temporary Texas firm registration number, and the expiration date of the temporary firm registration; and
2. That the firm must submit or deliver the work product on or before the date the temporary registration expires.

Name of Authorized Official of the Firm (AOF): _____

Signature of AOF: _____ Date: _____

Title: _____ Phone: _____ Fax: _____

E-mail address: _____

-----For TBPG use only-----

Check # _____ Paid \$ _____

Firm Registration #: _____

Date of Registration: _____

Expiration date: _____