



## TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

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

(Board Seal)

*Please return this form to: Texas Board of Professional Geoscientists, P O Box 13225, Austin, Texas 78711*