



**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: \_\_\_\_\_