



**TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS**

P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4408 • 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: \_\_\_\_\_

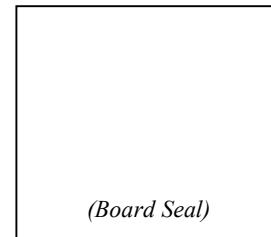
6) License holder met the following requirements:  
Experience:    Years experience \_\_\_\_\_  
Education:    Degree/Major \_\_\_\_\_  
• At least 30 hours of geoscience coursework?     Yes     No  
• At least 20 hours upper division geoscience coursework?     Yes     No  
References:    \_\_\_\_\_ # Personal references  
                              \_\_\_\_\_ # Professional references

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Board

\_\_\_\_\_  
Phone Number



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