FORM K

TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

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

APPLICATION FOR EMERITUS TEXAS PROFESSIONAL GEOSCIENTIST

INSTRUCTIONS: Please review applicable Board rules, complete all sections of this form, and sign below.

Please note:

1. Emeritus status is available to a Texas Professional Geoscientist who meets **all** the following requirements:

    a. Is at least 65 years of age;
    b. Has a minimum of 20 years as a licensed Texas Professional Geoscientist; and,
    c. Has no pending or prior disciplinary action resulting in a penalty under an Agreed Board Order.

2. Texas Professional Geoscientists may apply for Emeritus status until their license becomes permanently expired. A **one-time application fee** will apply based on the length of time since license expiration as outlined below:

    a. Current or up to one year after license expiration: $25
    b. Second year after license expiration: $50
    c. Third year after license expiration: $75

3. Applicants may submit the complete and signed application either by mail at the address above or by email to licensing@tbpg.texas.gov.

Applicants granted Emeritus status **may only use their Professional Geoscientist title and number in conjunction with the term "Emeritus"** but may not practice professional geoscience in Texas.

==========APPLICANT INFORMATION==========

Name: _____

Address: _____
(Street, City, State, Zip)

Texas P.G. License Number: _____

Texas Geoscience Discipline: Geology ☐ Geophysics ☐ Soil Science ☐

ATTESTATION

I hereby certify that I have read and agree to all Emeritus Program requirements outlined in TBPG Rule §851.24, and I request that my license number be converted to permanent Emeritus status. If approved, I understand that any professional geoscience practice while in Emeritus status would constitute a violation of TBPG rules related to practicing without a license and may be subject to enforcement action and penalties. By my signature below, I understand and agree with all requirements and affirm that I voluntarily submit this application for Emeritus status.

_____

Signature of Licensee **Date**