



Texas Department of Agriculture
 Texas Prescribed Burning Board
 Application for Certified Prescribed
 Burn Lead Instructor

PBB-600

COMMISSIONER SID MILLER

SECTION A	¹ TDA LICENSES	
	Do you have any type of license issued by the Texas Department of Agriculture? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide information below for each TDA license.)	
	TDA License Type	TDA License No.

SECTION B	¹ APPLICANT INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Social Security No. (optional) - - -			
	² MAILING ADDRESS			
	Address			
	City		State	Zip
	³ CONTACT INFORMATION			
	Primary Phone () -		Secondary Phone (optional) () -	
	Cell Phone (optional) () -		Fax (optional) () -	
	E-mail Address			
<p>***Important Note*** I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.</p>				

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Name _____

SECTION C	¹ EMPLOYMENT INFORMATION		
	Employer Name		Primary Phone () -
	² EMPLOYER'S MAILING ADDRESS		
	Address		PBB Training Region <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	City	State	Zip
	³ EMPLOYEE INFORMATION		
	Current Position/Job Title		Dates of Employment / / to / / month day year month day year
Immediate Supervisor		Percent of time directly related to prescribed burning work	

SECTION D	¹ PROFESSIONAL WORK EXPERIENCE
	(Describe your professional work and how it relates to prescribed burning. Please keep responses brief.)

Name _____

¹ ADDITIONAL EXPERIENCE	
SECTION E	On how many total fires (both prescribed burns and wildfires) have you participated?
	On how many prescribed burns have you participated?
	Have you conducted at least 35 prescribed burns of a management scale? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have at least five years of prescribed burning experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been burn boss on at least 25 prescribed burns? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you passed or taught the board-approved Certified Prescribed Burn Manager course? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been qualified as NWCG Type II Burn Boss or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No

¹ TRAINING (LIST FIRE COURSES COMPLETED)				
SECTION F	Type of Course	Lead Instructor	Training Site	Date of Training
				/ / month day year
				/ / month day year
				/ / month day year
				/ / month day year
				/ / month day year

(For additional training, attach supplement.)

¹ TEACHING EXPERIENCE			
SECTION G	Type of Course	Training Site	Date of Training
			/ / month day year
			/ / month day year
			/ / month day year
			/ / month day year
			/ / month day year

(For additional teaching experience, attach supplement.)

Name _____

SECTION H	¹ CONTACT INFORMATION (List two people with knowledge of your prescribed burning experience)	
	Name	Primary Phone () -
	Name	Primary Phone () -

SECTION I	¹ SIGNATURE	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name (print)	Title
	Applicant Signature	Date / / month day year

SECTION J	¹ CHECKLIST
	Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> Application for Certified Prescribed Burn Lead Instructor Form <input type="checkbox"/> Resume, two-page maximum
	You will be notified after the Prescribed Burning Board has reviewed your application.