



COMMISSIONER SID MILLER

Texas Department of Agriculture
Texas Prescribed Burning Board
Application for Certified and Insured
Prescribed Burn Manager

PBB-601

SECTION A	¹ LICENSE TYPE		TDA USE ONLY	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Not-For-Profit	Client No.	Account No.
	<input type="checkbox"/> Private	<input type="checkbox"/> Government	Date (mm/dd/yy)	Initials
			/ /	

SECTION B	¹ APPLICANT INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Social Security No. (Commercial Only)		Driver License: _____ (Private Only)	State:
	-			
	Address			
	City		State	Zip
	Primary Phone () -		Secondary Phone (optional) () -	
Cell Phone (optional) () -		Fax (optional) () -		
E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 PERSON TO CONTACT FOR LICENSE-RELATED MATTERS <input type="checkbox"/> SAME AS SECTION B		
	First Name	M. I.	Last Name
	Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.
	Fax (optional) () - Ext.		
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
	² MAILING ADDRESS <input type="checkbox"/> SAME AS CLIENT ADDRESS		
Address			
City	State	Zip	

SECTION D	¹ FACILITY (LOCATION OF LAND) (PRIVATE, NOT-FOR-PROFIT OR GOVERNMENTAL ONLY) <input type="checkbox"/> SAME AS SECTION C			
	Facility Name (Person or Business Name)			
	² PHYSICAL ADDRESS OF LAND			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

If applying for a license to conduct activities only on your private land, or the private land of your employer, provide the physical address and legal description of the real property where the prescribed burning activities will take place.

SEC. E	¹ PBB TRAINING Region of Certification Requested (CHECK ALL THAT APPLY)				
	<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Owner's Private Property Only					

Name _____

1 TRAINING COMPLETED			
SECTION F	PBB Training Region	Lead Instructor	Date of Training / / month day year
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		/ / month day year
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		/ / month day year
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		/ / month day year
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		/ / month day year
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		/ / month day year

1 ADDITIONAL EXPERIENCE		REGION
SECTION G	1. Number of years of prescribed burning within each PBB training region: (Three-year minimum)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	2. Total number of days of prescribed burning not limited by PBB training region(s) (30-day minimum)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	3. Total number of days of prescribed burning as individual responsible: (Five-day minimum)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	4. Have you attended the board-approved Certified and Insured Prescribed Burn Manager Course and passed the exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Check the type of course you attended <input type="checkbox"/> Board-approved Texas course <input type="checkbox"/> NWCG Type II Burn Boss or higher course <input type="checkbox"/> Board-approved out-of-state course	

1 INSURANCE INFORMATION			
Please attach (1) a certificate of insurance that reflects liability coverage and (2) a complete copy of the insurance policy.			
SECTION H	Company Name		Policy No.
	Policy Limit	Effective Date / / month day year	Expire Date / / month day year
	Agent Name		Agent Phone Number
	Agent Address	Agent City	Agent State Agent Zip

Name _____

SECTION I	¹ PAYMENT	
	Please remit \$500.00 application fee.	
	LICENSE IS NOT VALID UNTIL APPROVED BY TEXAS PRESCRIBED BURNING BOARD.	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
TDA USE ONLY	Receipt No.	Date Receipt Issued

SECTION J	¹ SIGNATURE	
	The applicant, by signature below, (1) certifies that all information provided in or in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in or 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 or 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	

APPLICANT HAS ONE YEAR TO COMPLETE THE APPLICATION. AN INCOMPLETE APPLICATION WILL EXPIRE ONE YEAR FROM THE DATE OF RECEIPT BY TDA. AN APPLICANT WHOSE APPLICATION HAS EXPIRED CAN REQUEST A REFUND OF THE APPLICATION FEE.