



**Texas Department Of Agriculture**  
**Texas Prescribed Burning Board**  
**Continuing Fire Training Form**

**PBB-607**

TODD STAPLES, COMMISSIONER

<b>SECTION A</b>	<b><sup>1</sup> NAME AND INFORMATION FOR APPLICANT OR CERTIFIED AND INSURED PRESCRIBED BURN MANAGER</b>				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		First Name:	M.I.:	Last Name:
	License No.:				
	<b><sup>2</sup> MAILING ADDRESS FOR APPLICANT OR CERTIFIED AND INSURED PRESCRIBED BURN MANAGER</b>				
	Address:				
	City:	State:	Zip:		
<b><sup>3</sup> CONTACT INFORMATION FOR APPLICANT OR CERTIFIED AND INSURED PRESCRIBED BURN MANAGER</b>					
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			

<b>SECTION B</b>	<b><sup>1</sup> TRAINING VERIFICATION BY CFT SPONSOR (TO BE COMPLETED BY COURSE SPONSOR)</b>		
	City:	PBB Training Region:	Date: / / month day year
	County:		through Date: / / month day year
<b><sup>2</sup> INFORMATION REGARDING CFT TRAINING AND EDUCATION</b>			
Printed Name of Course Sponsor:		Total Number of CFTs (rounded to the nearest quarter-hour):	
Name of Course:			

**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 522.021, 522.023, and 559.004.)**

<b><sup>3</sup> TOPICS COVERED AND CFTs ASSIGNED TO EACH TOPIC</b>			
Safety Factors:	Environmental Consequences:		
Burning Techniques:	Equipment Characteristics:		
Laws and Regulations:	Advanced Technology:		
Smoke Management:	Other (describe):		
(Total CFTs in this section should match total number of CFTs reported above)			
<b><sup>4</sup> CONTACT INFORMATION FOR LEAD BURN INSTRUCTOR / APPROVED COURSE INSTRUCTOR</b>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name:	M.I.:	Last Name:
License No.:			
Address:			
City:	State:	Zip:	
Primary Phone: (    )    -		Cell Phone (optional): (    )    -	
<b><sup>5</sup> CERTIFICATION BY LEAD BURN INSTRUCTOR OR APPROVED COURSE SPONSOR</b>			
SECTION B (continued)	I, _____, the Lead Burn Instructor or Approved Course Instructor, certify as follows: (Print Full Name)		
	<ul style="list-style-type: none"> <li>• on the date or dates noted above, I conducted the CFT educational activity or activities identified in this certificate;</li> <li>• on the date or dates noted above, the applicant or certified and insured prescribed burn manager identified in this certificate attended the CFT educational activity or activities identified in this certificate;</li> <li>• on the date or dates noted above, the applicant or certified and insured prescribed burn manager completed the CFTs in the topic areas identified in this certificate; and</li> <li>• the activity or activities were conducted in a manner to comply with all federal and state laws, included the Americans With Disabilities Act (ADA) requirements for access to facilities.</li> </ul>		
Signature of Lead Burn Instructor or Approved Course Instructor:			
_____			