



INSTRUCTIONS
APPLICATION FOR CERTIFIED AND INSURED PRESCRIBED BURN
MANAGER
FORM NO. PBB-601

All sections on the application must be completed, unless otherwise noted on the application and these instructions. Return the application to TDA.

For assistance completing the application, call 1-800-TELL-TDA (835-5832) or locally in Austin (512) 936-4176. For the hearing impaired, call Relay Texas 1-800-735-2988 (voice) or 1-800-735-2989 (TDD/TT).

SECTION A

1. LICENSE TYPE

Indicate if you are seeking a commercial, private, not-for-profit or governmental certified and insured prescribed burn manager license. A commercial certified and insured prescribed burn manager license allows the individual to conduct prescribed burning activities on another's land. A private certified and insured prescribed burn manager license allows the individual to only conduct prescribed burning activities on his or her land, or the land of his or her employer as specified in the employer's insurance policy. A not-for-profit certified and insured prescribed burn manager conducts prescribed burns on property owned or leased by a not-for-profit Prescribed Burning Organization or on property owned or leased by a person who is a member of a Prescribed Burning Organization. A governmental certified and insured prescribed burn manager is limited to conducting prescribed burns on property owned, leased, or controlled by the governmental unit while acting in the course and scope of his or her duties as an employee of the governmental unit.

SECTION B

1. APPLICANT INFORMATION

Information entered in this form will be used to generate your license. Enter all applicable information, including social security number. Social security number is required for the purposes of enforcing federal and state child support laws and default of guaranteed student loans. Failure to include the social security number will result in the denial of your application. Your social security number is not subject to release under the Texas Public Information Act.

List the mailing address at which the applicant receives general correspondence. If applying for a not-for-profit burn manager, be sure to include the Name of the Prescribed Burn Organization.

Please provide phone numbers and an e-mail address to allow TDA to contact you with important program updates and information.



SECTION C

1. PERSON TO CONTACT FOR LICENSE-RELATED MATTERS

Enter the name of a designated person, along with that person's contact information, who can discuss and answer questions about license-related issues.

NOTE: The Person to Contact, named by the business, government organization, or ranch is the preferred signatory of this application. That person may be the Responsible Party.

2. MAILING ADDRESS

Enter the address at which the Person to Contact receives general correspondence, where applicable.

SECTION D

1. ENTITY (RANCH NAME, BUSINESS NAME, GOVT. ORGANIZATION, ETC.)

An individual seeking a commercial, private, not-for-profit or governmental certified and insured burn manager license must indicate the person or business name the Certified and Insured Prescribed Burn Manager (CIPBM) will be burning under.

2. PHYSICAL ADDRESS OF LAND

Enter the physical street address of the private or not-for-profit licensee where the prescribed burning activities occur or physical address of the business office for the commercial or governmental licensee, including directions to this location if the address is difficult to locate.

Please do not enter a P.O. Box. This information will assist TDA inspectors in locating your location.

SECTION E

1. TRAINING COMPLETED

Check the box to indicate whether you have attended and completed a board approved CIPBM Course. Please provide proof of course completion and indicate the type of course you attended. List the Lead Burn Instructor you took the class under, the location of the training site, and the date the training was taken.

SECTION F

1. ADDITIONAL EXPERIENCE

Provide requested information and documentation to verify experience. Complete items 1 and 2 by writing in the number of years or days of experience, as appropriate. For item 3, attach a burn plan for five prescribed burns that you acted as burn boss (a total of five separate burn plans), along with a Post-Burn Evaluation for each of the five prescribed burn examples you provided. For item 4 please attach to



the application an after-action report of each of the burns you acted as burn boss on. You may include additional supporting documentation to verify experience (such documentation may include, but is not limited to, letters of endorsement from clients, records of burns conducted or participated in, chronologic history of burn experience, etc.).

SECTION G

1. INSURANCE INFORMATION

A Prescribed Burning Board Certified and Insured Burn Manager conducting a prescribed burn shall carry or be covered by at least \$1 million of liability insurance coverage for each single occurrence of bodily injury to or destruction of property, with a policy period minimum aggregate limit of at least \$2 million. Please provide the name of your insurance company, the insurance policy number, the policy limit, the policy effective and expiration date. Also provide the Agent's name, phone number, address and city, state and zip code. Attach a copy of the certificate of insurance and **a complete copy of the entire insurance policy**, including any endorsements or exclusions relating to fires, burning or controlled/prescribed burning. Your insurance policy must be approved by the Texas Department of Agriculture for you to receive your CIPBM license.

SECTION H

1. PAYMENT

You must remit the \$500.00 application fee with your application. Check method of payment and enter the check number, cashier's check number or money order number. Enter amount remitted.

NOTE: Texas Department of Agriculture only accepts checks, cashier's checks, or money orders.

Please remit to: Texas Department of Agriculture, P.O. Box 12076, Austin, TX. 78711-2076.

SECTION I

1. SIGNATURE

After reading the summary, print and sign your name, and date the form. Your signature here indicates you have read the summary and you are aware of your responsibilities regarding the issuance of the requested license.