



Texas Department of Agriculture
Texas Prescribed Burning Board
Training Verification

PBB-602

COMMISSIONER SID MILLER

SECTION A	¹ APPLICANT INFORMATION				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____		First Name	M. I.	Last Name
	² MAILING ADDRESS				
	Address				
	City			State	Zip
	³ CONTACT INFORMATION				
	Primary Phone () -		Secondary Phone (optional) () -		
	Cell Phone () -		Fax (optional) () -		
	E-mail		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	SECTION B	¹ TRAINING VERIFICATION			
City		State	Date / / month day year		
² TO BE COMPLETED BY COURSE PROVIDER					
Printed Name			Test Score		
Course Provider Signature			<input type="checkbox"/> Certification Training <input type="checkbox"/> CFT Training		

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.)