



Texas Department of Agriculture
 Texas Prescribed Burning Board
 Application For Lead Burn 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
	Driver License Number	State	Date of Birth	
	² MAILING ADDRESS			
	Address			
	City	State	Zip	
	³ CONTACT INFORMATION			
	Primary Phone () -	Secondary Phone (optional) () -		
	Cell Phone (optional) () -	Fax (optional) () -		
	E-mail Address			
*** 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.				

A birth date is mandatory and will be used to perform a criminal history evaluation in correspondence to Chapter 53 of the Occupations Code for each certification issued by the Board.

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, 552.11765 and 559.004.)

SECTION C	¹ EMPLOYMENT INFORMATION		
	Employer Name		Primary Phone () -
	² EMPLOYER'S MAILING ADDRESS		
	Address		
	City	State	Zip
	³ EMPLOYEE INFORMATION		
	Current Position/Job Title	Dates of Employment / / to / / month day year month day year	
Immediate Supervisor			

SECTION D	¹ ADDITIONAL EXPERIENCE	
	How many total fires (both prescribed burns and wildfires) have you participated?	
	On how many prescribed burns have you participated?	
	How many years of Prescribed Burning experience do you have?	
	On how many prescribed burns have you acted as the burn boss?	
	Have you passed or taught the board-approved Certified and Insured Prescribed Burn Manager training course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you a qualified NWCG Type II Burn boss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current Certified and Insured Prescribed Burn Manager in the State of Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

¹ ADDITIONAL REQUIRED MATERIALS	
SECTION G	Please provide the additional required documents attached to your Application (PBB-600)
	<input type="checkbox"/> Resume or CV
	<input type="checkbox"/> One lesson plan or sample of course materials
	<input type="checkbox"/> One burn plan of management scale, complete with one Post Burn Evaluation
	<input type="checkbox"/> List of references

¹ DISCLOSURE OF PERSONAL INFORMATION ON PRESCRIBED BURNING WEBSITE	
SECTION H	By checking one or more of the boxes below, the applicant consents for the following information to be released on the prescribed burning website.
	<input type="checkbox"/> Primary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> None of these

¹ SIGNATURE					
SECTION I	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.				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Applicant Name (print)</td> <td>Title</td> </tr> <tr> <td>Applicant Signature</td> <td>Date / / month day year</td> </tr> </table>	Applicant Name (print)	Title	Applicant Signature	Date / / month day year
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