



COMMISSIONER SID MILLER

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

**PBB-601**

<b>SECTION A</b>	<b><sup>1</sup> LICENSE TYPE</b>		<b>TDA USE ONLY</b>	
	<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
			/ /	

<b>SECTION B</b>	<b><sup>1</sup> APPLICANT INFORMATION</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms.    _____			
	Driver License Number:		State:	Date of Birth:
	Address <span style="float: right;"><input type="checkbox"/> Home    <input type="checkbox"/> Other</span>			
	City		State	Zip
	Primary Phone (    )    -		Secondary Phone (optional) (    )    -	
	Cell Phone (optional) (    )    -		Fax (optional) (    )    -	
E-mail				

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS IF DIFFERENT THAN ABOVE</b>			
	First Name		M. I.	Last Name
	Primary Phone (    )    -    Ext.		Secondary Phone (optional) (    )    -    Ext.	
	Fax (optional) (    )    -    Ext.			
	E-mail			
	<b><sup>2</sup> MAILING ADDRESS</b> <input type="checkbox"/> SAME AS CLIENT ADDRESS			
	Address			
City		State	Zip	

SECTION D	<b>1 ENTITY (RANCH NAME, BUSINESS NAME, GOVT. ORGANIZATION ETC.) (PRIVATE, NOT-FOR-PROFIT OR GOVERNMENTAL ONLY) <input type="checkbox"/> SAME AS SECTION C</b>			
	Facility Name (Person or Business Name)			
	<b>2 PHYSICAL ADDRESS OF LAND AND/OR BUSINESS</b>			
	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.

SECTION E	<b>1 TRAINING COMPLETED - ATTACH ADDITIONAL INFORMATION IF NECESSARY</b>		
	Have you attended the board-approved Certified and Insured Prescribed Burn Manager Course and passed the exam? If Yes, please provide proof of course completion and check the type of course you attended		
	Yes: <input type="checkbox"/> No: <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: <input type="checkbox"/>			
Lead Instructor	Training Site	Date of Training	

SECTION F

**<sup>1</sup>EXPERIENCE (All NWCG Type II Burn Bosses or higher are exempt from completing Section F)**

1. State the number of years of prescribed burning: \_\_\_\_\_

2. State the total number of days of prescribed burning: \_\_\_\_\_

3. Please attach to the application a Burn Plan for FIVE (5) prescribed burns in which you have previously acted as the burn boss. The Burn Plan should include the following information:

- Tract Name / Burn Unit
- County
- Nearest City
- Nearest Intersection / GPS Coordinates
- Date
- Ownership Type (Federal, Private, Company, etc.)
- Acreage Size
- Smoke Dispersion Map
- Fireline Type and Approximate Length
- Ignition Type
- Suppression Equipment on Hand
- Personnel on Hand (# of people)
- Notifications Made
- Weather (Desired, Predicted and Actual)
- Fuel Type and Condition
- Special Considerations
- Ignition time, time the tract / burn unit was declared safe, time extinguished
- Objectives and Purpose of the burn
- Firing Sequence
- Contingency Plan

Please attach to the application a Post-Burn Evaluation for each of the FIVE (5) prescribed burns you previously acted as the burn boss. The Post-Burn Evaluation should include the following information:

- Tract Name
- Date of Burn
- Date of Evaluation
- Desired Results / Actual Results
- Desired Intensity / Actual Intensity
- Injuries
- Escapes and action to contain
- Smoke dispersion map
- Smoke Issues / Action Taken
- Damages due to escape and remediation
- Provide the name and contact information for a reference that can speak to your knowledge and experience on each of the FIVE (5) previous prescribed burn plans provided

Post-burn evaluations should answer the following questions but are not limited to:

- How did the actual prescribed burn deviate from the prescribed burn that was planned?
- What lessons were learned during each of these prescribed burns?
- Is there anything you would do differently for future prescribed burns?

SECTION G	<b><sup>1</sup> INSURANCE INFORMATION</b>			
	Please attach (1) a <b>certificate of insurance that reflects liability coverage</b> and (2) a <b><u>complete copy</u> of the insurance policy</b> .			
	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

SECTION H	<b><sup>1</sup> PAYMENT</b>		
	Please remit \$500.00 application fee.		
	<b>LICENSE IS NOT VALID UNTIL APPROVED BY TEXAS PRESCRIBED BURNING BOARD.</b>		
	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	
<b>TDA USE ONLY</b>	Receipt No.	Date Receipt Issued	

SECTION I	<b><sup>1</sup> DISCLOSURE OF PERSONAL INFORMATION ON PRESCRIBED BURNING WEBSITE</b>			
	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				

<b>SECTION J</b>	<b><sup>1</sup> SIGNATURE</b>	
	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.**

*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.)*