



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.



COMMISSIONER SID MILLER

P.O. Box 12847 Austin, Texas 78711 ♦ (800) 835-5832 ♦ (512) 463-7476 ♦
 Hearing impaired: (800) 735-2988 voice ♦ (800) 735-2989 (TTY)
www.TexasAgriculture.gov

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

PBB-601

SECTION A	¹ LICENSE TYPE		TDA USE ONLY	
	<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
			/ /	

SECTION B	¹ APPLICANT INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Social Security Number: - -	Driver License Number:	State:	
	Address			
	City	State	Zip	
	Primary Phone () -	Secondary Phone (optional) () -		
	Cell Phone (optional) () -	Fax (optional) () -		
E-mail				

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

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

1 ADDITIONAL EXPERIENCE

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 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

4. Please attach to the application a brief after action report on the following questions for each of the FIVE (5) prescribed burns you previously acted as the burn boss:

- What mistakes were made during each of these prescribed burns?
- What lessons were learned during each of these prescribed burns?
- Is there anything you would do differently for future prescribed burns?

SECTION G	¹ INSURANCE INFORMATION			
	Please attach (1) a certificate of insurance that reflects liability coverage and (2) a <u>complete copy</u> of the insurance policy.			
	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	¹ PAYMENT		
	Please remit \$500.00 application fee.		
	LICENSE IS NOT VALID UNTIL APPROVED BY TEXAS PRESCRIBED BURNING BOARD.		
	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	
TDA USE ONLY	Receipt No.	Date Receipt Issued	

SECTION I	¹ SIGNATURE	
	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

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)