



<http://www.dshs.state.tx.us/mold>
 In Texas Only: (800) 572-5548
 Local (512) 834-6600
 Fax: 512-834-6614

FOR DSHS USE ONLY
BUDGET/FUND: ZZ154-092

Remit #: _____

Remit Date: _____

Mold Remediation Company License Application/Renewal

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

Rcvd Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init _____	Mail Date: _____ Init _____

PLEASE COMPLETE THE FOLLOWING

If renewing: Enter your current license/registration number: _____ Expiration Date: _____

- Corporation
 LLP (Limited Liability Partnership)
 LLC (Limited Liability Company)
 LP (Limited Partnership)
 Sole Owner/Proprietorship
 Partnership
 DBA (Doing Business As)
 NON-PROFIT
 GOVERNMENT ENTITY

 Legal Business Name () _____
 Telephone Number (include area code)

 DBA Name (if applicable) State Tax Payer's identification number

 Business Mailing Address (include suite #) City State Zip Code

 Texas Physical Address (include suite #) *Note: An office in Texas is required as per §295.305(d)

 License Mailing Address (include apartment #) City State Zip Code

 Responsible Person's Name () _____
 Responsible Person's License # Responsible Person's Telephone Number

CERTIFICATION: I certify that I am authorized by the company/applicant to make this application and to sign on its behalf. I have read and understand the applicable rules and agree on behalf of the applicant to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

 Signature of Responsible Person

 Date

Mailing address for applications containing money:

Department of State Health Services - MC 2003
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

Mailing address for all other mail:

Department of State Health Services – MC2835
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

IMPORTANT INFORMATION

- To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.
- You may pay for your license online at <http://www.TexasOnline.com> and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.
- **If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee**

The following documentation is required for licensure in accordance with §295.316 of the Texas Mold Assessment & Remediation Rules:

New or Renewal License Requirements:

- 1. License Fee: **\$1,030.00**
- 2. Proof of compliance with the insurance requirement specified in [§295.309](#):
 - a. A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder, and endorsed to provide the department with at least a 30-day notice of cancellation or change.
 - b. If a self-insured non-governmental entity, an affidavit, and financial statement, as described in §295.309(a).
 - c. Self-insured governmental entity is not required to purchase insurance.
- 3. The name, address and occupation of each person that has an ownership interest of 10% or more in the company.
- 4. The name and license number of each licensed mold remediation contractor designated as the responsible person for the company, and a current one-inch by one-inch photograph of the face of this individual, on a white background.

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about 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. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

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Mold Assessment Company License Application/Renewal

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PLEASE CHECK ONE OF THE FOLLOWING

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 LLC (Limited Liability Company)
 LP (Limited Partnership)
 Sole Owner/Proprietorship
 Partnership
 DBA (Doing Business As)
 NON-PROFIT
 GOVERNMENT ENTITY

 Legal Business Name ()
Telephone Number (include area code)

 DBA Name (if applicable) State Tax Payer's identification number

 Business Mailing Address (include suite #) City State Zip Code

 Texas Physical Address (include suite #) *Note: An office in Texas is required as per §295.305(d)

 License Mailing Address (include apartment #) City State Zip Code

 Responsible Person's Name Responsible Person's License # ()
Responsible Person's Telephone Number

CERTIFICATION: I certify that I am authorized by the company/applicant to make this application and to sign on its behalf. I have read and understand the applicable rules and agree on behalf of the applicant to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

 Signature of Responsible Person

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The following documentation is required for licensure in accordance with §295.313 of the Texas Mold Assessment & Remediation Rules:

Requirements for new or renewal

- 1. License Fee: **Total Cost: \$1,030.00**
- 2. Proof of compliance with the insurance requirement specified in [§295.309](#):
 - a. A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder, and endorsed to provide the department with at least a 30-day notice of cancellation or change.
 - b. If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a).
 - c. Self-insured governmental entity – not required to purchase insurance.
- 3. The name, address and occupation of each person that has an ownership interest of 10% or more in the company.
- 4. The name and license number of the licensed mold assessment consultant designated as the responsible person for the company, and a current one-inch by one-inch photograph of the face of this individual, on a white background.

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Remit #: _____

Remit Date: _____

Mold Remediation Worker License Application/Renewal

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PLEASE COMPLETE THE FOLLOWING

If renewing: Enter your current license/registration number: _____ Expiration Date: _____

Applicant Name: (Last, First, M.I.) _____ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) _____

() _____
 Telephone Number (including area code) _____ Date of Birth: (month/day/year) _____

Applicant's Home Address (include apartment #) _____ City _____ State _____ Zip Code _____

License Mailing Address (include apartment #) _____ City _____ State _____ Zip Code _____

() _____
 Company Affiliation (if applicable) _____ Company License # _____ Telephone Number (including area code) _____

Company Affiliation Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

 Signature of Applicant

 Date

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 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

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The following documentation is required in accordance with §295.314 of the Texas Mold Assessment and Remediation Rules:

Interim registration: An individual who has successfully completed the mold remediation worker training and received a training certificate may perform mold remediation work allowed under section 295.314 of the Texas Mold Remediation Rules for a period of not more than 30 days from the training date if:

- The individual has submitted this application for registration to the department;
- A copy of the training certificate is present at the work site at all times while the individual engages in mold remediation; and
- The individual is in possession of a valid government-issued photo identification at all times while performing mold remediation work

Requirements for a new license

- 1 License Fee: \$ 64.00
- 2 A current one-inch by one-inch photograph of your face on a white background
- 3 A copy of applicant's certificate of training provided by either their employer or a department-approved training provider for the mold remediation worker course
- 4 Proof of employment statement from applicants employer

Requirements for license renewal

- 1 License Fee: \$64.00
- 2 A current one-inch by one-inch photograph of your face on a white background
- 3 A copy of applicant's certificate of training provided by either their employer or a department-approved training provider for the mold remediation worker course
- 4 Proof of employment statement from applicants employer

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Mold Remediation Contractor License Application/Renewal

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Rcvd Date: _____ Init. _____	PLACE PHOTO HERE	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____		Expiration Date: _____ Init _____
Rvw Date: _____ Init _____		Print Date: _____ Init _____
Aprv Date: _____ Init _____		Mail Date: _____ Init _____

PLEASE COMPLETE THE FOLLOWING

If renewing: Enter your current license/registration number: _____ Expiration Date: _____

Applicant Name: (Last, First, M.I.) _____ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) _____

(_____)
 Telephone Number (including area code) _____ Date of Birth: (month/day/year) _____

Applicant's Home Address (include apartment #) _____ City _____ State _____ Zip Code _____

License Mailing Address (include apartment #) _____ City _____ State _____ Zip Code _____

Company Affiliation (if applicable) _____ Company License # _____ Telephone Number (including area code) _____

Company Affiliation Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Applicant _____

Date _____

Mailing address for applications containing money:

Department of State Health Services - MC 2003
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

Mailing address for all other mail:

Department of State Health Services – MC2835
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

IMPORTANT INFORMATION

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- If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee

The following documentation is required in accordance with §295.315 of the Texas Mold Assessment and Remediation Rules:

Requirements for a new license

- 1 **License Fee: \$510.00**
- 2 **Verifiable evidence** of meeting at least one of the following eligibility requirements
 - a A bachelor's degree from an accredited college or university with a major in a natural or physical science, engineering, architecture, building construction, or building sciences **and at least one year of experience in an allied field or as a general contractor in building construction**
 - b At least 60 college credit hours with a grade of C or better in the natural sciences, physical sciences, environmental sciences, building sciences, or a field related to any of those sciences **and at least three years of experience in an allied field or as a general contractor in building construction**
 - c A high school diploma or a GED certificate **and at least five years of experience in an allied field or as a general contractor in building construction**
- OR
- d Certification as an industrial hygienist, a professional engineer, a professional registered sanitarian, a certified safety professional, or a registered architect **with at least one year of experience either in an allied field or as a general contractor in building construction**
- 3. Proof of compliance with the insurance requirement specified in §295.309
 - a A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder with at least a 30-day notice of cancellation or change
 - b If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
 - c Self-insured governmental entity – not required to purchase insurance
- 4 Proof of successfully passing the department's examination for mold remediation contractor
- 5 A current one-inch by one-inch photograph of your face on a white background
- 6 A copy of applicant's certificate of training from a Department-approved training provider for the mold remediation contractor course
- 7 A copy of the training identification card

Requirements for license renewal

- 1 **License Fee: \$510.00**
- 2 Current one-inch by one-inch photograph of your face on a white background
- 3 Proof of compliance with the insurance requirement specified in §295.309
 - a A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder with at least a 30-day notice of cancellation or change
 - b If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
 - c Self-insured governmental entity – not required to purchase insurance
- 4 A copy of applicant's current certificate of training from a Department-approved training provider for the mold remediation contractor refresher course
- 5 A copy of the training identification card

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 BUDGET/FUND: ZZ154-092

Remit #: _____

Remit Date: _____

Mold Assessment Technician License Application/Renewal

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Rcvd Date: _____ Init. _____	PLACE PHOTO HERE	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____		Expiration Date: _____ Init _____
Rvw Date: _____ Init _____		Print Date: _____ Init _____
Aprv Date: _____ Init _____		Mail Date: _____ Init _____

PLEASE COMPLETE THE FOLLOWING

If renewing: Enter your current license/registration number: _____ Expiration Date: _____

Applicant Name: (Last, First, M.I.) _____ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) _____

(_____)
 Telephone Number (including area code) _____ Date of Birth: (month/day/year) _____

Applicant's Home Address (include apartment #) _____ City _____ State _____ Zip Code _____

License Mailing Address (include apartment #) _____ City _____ State _____ Zip Code _____

Company Affiliation (if applicable) _____ Company License # _____ Telephone Number (including area code) _____

Company Affiliation Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

 Signature of Applicant

 Date

Mailing address for applications containing money:

Department of State Health Services - MC 2003
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 PO Box 149347
 Austin, Texas 78714-9347

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The following documentation is required in accordance with §295.311 of the Texas Mold Assessment and Remediation Rules:

Requirements for a new license

- 1 License Fee \$206.00
- 2 A current one-inch by one-inch photograph of your face on a white background
- 3 A copy of applicant's certificate of training from a Department-approved training provider for the mold assessment technician course
- 4 A copy of current training identification card
- 5 A copy high school diploma or a GED certificate
- 6 Proof of compliance with the insurance requirement specified in §295.309
 - a A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder with at least a 30-day notice of cancellation or change
 - b If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
 - c Self-insured governmental entity – not required to purchase insurance
- 7 Proof of successfully passing the department's examination for Mold Assessment Technician

Requirements for license renewal

- 1 License Fee: \$206.00
- 2 A current one-inch by one-inch photograph of your face on a white background
- 3 A copy of applicant's current certificate of training from a Department-approved training provider for the mold assessment technician refresher course
- 4 A copy of current training identification card
- 5 Proof of compliance with the insurance requirement specified in §295.309
 - a A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder with at least a 30-day notice of cancellation or change
 - b If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
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Mold Assessment Consultant License Application/Renewal

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Applicant Name: (Last, First, M.I.) _____ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) _____

(_____)
 Telephone Number (including area code) _____ Date of Birth: (month/day/year) _____

Applicant's Home Address (include apartment #) _____ City _____ State _____ Zip Code _____

License Mailing Address (include apartment #) _____ City _____ State _____ Zip Code _____

Company Affiliation (if applicable) _____ Company License # _____ Telephone Number (including area code) _____

Company Affiliation Address _____ City _____ State _____ Zip Code _____

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Signature of Applicant _____

Date _____

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- If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee

Requirements for a new license

- 1 License Fee: \$610.00
- 2 Verifiable evidence of meeting at least one of the following eligibility requirements:
 - a A bachelor's degree from an accredited college or university with a major in a natural or physical science, engineering, architecture, building construction, or building sciences **and at least one year of experience in an allied field**
 - b At least 60 college credit hours with a grade of C or better in the natural sciences, physical sciences, environmental sciences, building sciences, or a field related to any of those sciences **and at least three years of experience in an allied field**
 - c A high school diploma or a GED certificate **and at least five years of experience in an allied field**
- OR**
- d Certification as an industrial hygienist, a professional engineer, a professional registered sanitarian, a certified safety professional, or a registered architect **and at least one year of experience in an allied field**
- 3. Proof of compliance with the insurance requirement specified in §295.309
 - a A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder with at least a 30-day notice of cancellation or change
 - b If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
 - c Self-insured governmental entity – not required to purchase insurance
- 4 Proof of successfully passing the department's examination for Mold Assessment Consultant
- 5 A current one-inch by one-inch photograph of your face on a white background
- 6 A copy of applicant's certificate of training from a department-approved training provider for the mold assessment consultant course
- 7 A copy of the training identification card
- 8 Address of office maintained in Texas.

Requirements for license renewal

- 1 License Fee: \$610.00
- 2 A current one-inch by one-inch photograph of your face on a white background
- 3 A copy of applicant's current certificate of training from a department-approved training provider for the mold assessment consultant refresher course
- 4 A copy of the training identification card
- 5 Proof of compliance with the insurance requirement specified in §295.309
 - a A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder with at least a 30-day notice of cancellation or change
 - b If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
 - c Self-insured governmental entity – not required to purchase insurance
- 6 Address of office maintained in Texas.

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about 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. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004.)