



LEAD INDIVIDUAL APPLICATION

DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY	
BUDGET/FUND: ZZ112-085 REMIT # _____ REMIT DATE: _____ AMT RECVD: _____	RCVD DATE: _____ INIT: _____ APRV DATE: _____ INIT: _____ FILE # _____ APP # _____

I am a		This application is a(n)		I am applying for	
MILITARY MEMBER	<input type="checkbox"/>	INITIAL APPLICATION	<input type="checkbox"/>	INSPECTOR	<input type="checkbox"/>
VETERAN	<input type="checkbox"/>	INITIAL APPLICATION BY RECIPROCITY	<input type="checkbox"/>	RISK ASSESSOR	<input type="checkbox"/>
MILITARY SPOUSE	<input type="checkbox"/>	RENEWAL APPLICATION	<input type="checkbox"/>	SUPERVISOR	<input type="checkbox"/>
NONE OF THE ABOVE	<input type="checkbox"/>	DUPLICATE CERTIFICATE	<input type="checkbox"/>	WORKER	<input type="checkbox"/>
		DUPLICATE ID	<input type="checkbox"/>	PROJECT DESIGNER	<input type="checkbox"/>

IF RENEWING,
CURRENT LICENSE #

EXP DATE

LAST NAME		FIRST NAME		MIDDLE NAME	
BIRTH DATE	SOCIAL SECURITY #	PHONE #	EMAIL ADDRESS		
HOME ADDRESS		CITY	STATE	ZIP CODE	
MAILING ADDRESS		CITY	STATE	ZIP CODE	
EMPLOYER NAME			EMPLOYER PHONE #		
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	

CERTIFICATION: I certify I read and understand the applicable rules and agree to comply with them. I understand it's a violation of Texas Department of State Health Services (DSHS) rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents to obtain a license. All information I provide on this application is true, correct, and complete to the best of my knowledge.

DATE	SIGNATURE

Mailing address

Department of State Health Services
Cash Receipts Branch – MC 2003
PO Box 149347
Austin, TX 78714-9347

FEE SCHEDULE

	LEAD INSPECTOR	RISK ASSESSOR	LEAD SUPERVISOR	LEAD WORKER	PROJECT DESIGNER
NEW/ RENEWAL	\$300	\$600	\$300	\$100	\$600
EXPIRED < 90 DAYS	\$450	\$900	\$450	\$150	\$900
EXPIRED > 90 DAYS	\$600	\$1,200	\$600	\$200	\$1,200
TEXAS ONLINE FEE	\$5	\$5	\$5	\$3	\$5
DUPLICATE ID	\$20	\$20	\$20	\$20	\$20
DUPLICATE CERT	\$20	\$20	\$20	\$20	\$20

IMPORTANT INFORMATION

To avoid late fees, a complete application and all required documentation must be postmarked or emailed prior to the expiration of your license.

You may pay for your license online at vo.ras.dshs.state.tx.us and email your documentation requirements to lead.reg@dshs.texas.gov.

If your license has been lost or stolen, you must submit a duplicate application form.

ACTIVE DUTY MILITARY, VETERANS & MILITARY SPOUSES DESIGNATION	
<input type="checkbox"/>	DOCUMENTATION OF MILITARY, VETERAN, OR MILITARY SPOUSE STATUS
<input type="checkbox"/>	MILITARY MEMBERS , PROVIDE PROOF OF MILITARY EXPERIENCE & TRAINING TO BE CONSIDERED TOWARDS LICENSURE
<input type="checkbox"/>	MILITARY SPOUSES , PROVIDE PROOF OF CURRENT LICENSURE IN ANOTHER JURISDICTION THAT HAS LICENSURE REQUIREMENTS EQUIVALENT TO TEXAS

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

You have the right to request copies of information that the State of Texas collects about you. You have the right to ask state agencies to correct any incorrect information. See dshs.texas.gov for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559,003 and 559.004)

Tiene derecho a solicitar copias de la información que el Estado de Texas recopila sobre usted. Tiene derecho a pedir a las agencias estatales que corrijan cualquier información incorrecta. Consulte dshs.texas.gov para obtener más información sobre la notificación de privacidad. (Referencia: Código del Gobernador, Sección 552.021, 552.023, 559,003 y 559.004)