



<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 Assessment Technician Initial/Renewal License Application

I am a (check one if applicable): Military Member Veteran Military Spouse

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

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** _____

Employer Name (if applicable) _____ Employer License # _____ Telephone Number (including area code) _____

Employer 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

- Visit our webpage to pay for your license application fees online.

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

License fee: (Two-year term)

- Initial/Renewal: \$206.00

Requirements for an initial license:

- A current 1-inch by 1-inch photograph of your face on a white background
- A copy of applicant's certificate of training from a Department-approved training provider for the mold assessment technician course
- A copy high school diploma or a GED certificate
- Proof of compliance with the insurance requirement specified in §295.309
 - 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 10-day notice of cancellation or change
 - If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
 - Self-insured governmental entity – not required to purchase insurance
- Proof of successfully passing the department's examination for Mold Assessment Technician

Requirements for license renewal:

- A current 1-inch by 1-inch photograph of your face on a white background
- A copy of applicant's current certificate of training from a Department-approved training provider for the mold assessment technician refresher course
- Proof of compliance with the insurance requirement specified in §295.309
 - 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 10-day notice of cancellation or change
 - If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a)
 - Self-insured governmental entity – not required to purchase insurance

Military designation:

Branch: _____

- Provide documentation of military, veteran, or military spouse status
- Provide detailed documentation concerning military experience and training to be considered towards the issuance of the license
- Military spouses must provide proof of current licensure in another jurisdiction that has licensing requirements that are substantially equivalent to Texas

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD
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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.)