Texas Department of State Health Services
Professional Licensing and Certification Unit
Code Enforcement Officer Registration Program
Mail Code 1982, P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-4512

Budget: ZZ103
Fund: 154

Read the Code Enforcement Officer Act and the rules (25 TAC, Chapter 140, Subchapter D) before filling out this application. Complete this application and return it with the required non-refundable application fee.

INSTRUCTIONS

- Be sure to answer all questions.
- If you are applying for Code Enforcement Officer, you must complete Forms A, B, and C. You must have 1 year of full-time experience in the field of code enforcement.
- If you are applying for Code Enforcement Officer in Training, you must complete Forms A, B, and D.
- If you are applying for Code Enforcement Officer in Training and would like to apply less than one year of experience towards your one year of experience requirement, you must complete Forms A, B, C, and D.

FEES

- Code Enforcement Officer, Two Year License Fee: **$111**
- Code Enforcement Officer in Training, One Year License Fee: **$57**

Attach the application fee to the upper left hand corner of this application. Also note that the application fee covers the initial licensing fee. The Department of State Health Services (DSHS) will only accept guaranteed funds in the form of certified checks, cashier's checks, or money orders. Checks from state agencies, municipalities, counties or other political subdivisions of the state are also acceptable.

Personal checks will not be accepted.

NOTARIZED TRANSCRIPTS

Attach a notarized copy of your G.E.D, high school diploma, college degree, or transcript. Notarized copies are exact copies of unaltered original documents notarized by a notary public. Only notarized copies will be accepted.

TEEX TRAINING COURSE

- If you have completed the Basic Code Enforcement Officer Training offered by Texas Extension Engineering Service (TEEX) at Texas A&M University, attach a notarized copy of your TEEX Certificate.
- If not, please be aware that you will need to send a notarized copy of your certificate once you have completed the course before your registration will be issued.

EXAMINATION

- Once DSHS has received your completed Code Enforcement Officer Registration application, we will review your file to determine if you are eligible to test.
- Upon approval, DSHS will then send you an examination admission letter along with detailed information on the examination and scheduling procedures, including how to pay the **$50** examination fee to Pearson VUE.
- You must present this admission letter to the examination proctors on the day of the examination.

YOU WILL NOT BE ADMITTED TO THE EXAMINATION WITHOUT PRIOR APPROVAL FROM DSHS.

For further information on the Code Enforcement Officer Registration Program, and copies of forms, please visit our website at http://www.dshs.state.tx.us/code.

PRIVACY NOTIFICATION
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: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

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Code Enforcement Officer Registration Application
CEO Form A

☐ **Code Enforcement Officer** (complete forms A–C) ☐ **Code Enforcement Officer in Training** (complete forms A,B,C or A-D)

PREFERRED MAILING ADDRESS: (Check only one) ☐ **HOME** ☐ **EMPLOYER**

APPLICANT INFORMATION

1. Applicant's Name_____
(Last) (First) (Middle) (Maiden)

2. Date of Birth:_____ 3. Place of Birth:_____

4. Social Security Number:_____

5. Residence Address:_____
(Street or Box Number)
_____
(City) (State) (Zip)

6. Telephone No. (Include Area Code): Home_____ Fax#_____

CURRENT EMPLOYMENT INFORMATION

7. Primary Employment Setting

Place of Employment: _____

Address (Include Zip Code): _____

_____

Telephone No. (include Area Code): _____ Fax #: _____

Job Title: _____

Date of Employment: From (Mo/Yr) _____ To: Present

8. Primary Employment Setting
Circle the number of category of employment in which you spend the majority of your time.
(Circle only one)

0. Not Employed
1. Zoning Ordinances
2. Sign Regulations
3. Home Occupations
4. Housing Codes and Ordinances
5. Building Abatement
6. Nuisance Violations
7. Abandoned Vehicles
8. Junk Vehicles
9. Health Ordinances
10. Basic Processes of Law

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CEO Form A Continued

9. List all previous positions held in the field of code enforcement. Begin with your last position (write "NO" if your current position is the only time you have been employed in the code enforcement field. Attach additional pages if necessary.

PRIOR WORK EXPERIENCE

Job Title	Employer's Name & Address	From (Mo/Yr)	To (Mo/Yr)

10. A. Have you ever been denied a license, registration, or certificate? YES _____ NO _____
If YES, briefly state the reason(s):_____

_____

B. Have you ever been registered by the DSHS Code Enforcement Officer Registration Program? YES___ NO___
If YES, give registration number, and name if different from #1. _____

_____

11. List other state registrations and certifications held._____

_____

12. Have you ever had your license(s), registration(s), or certificate(s) revoked, canceled, or suspended?
YES ___ NO ___ If YES, briefly state the reason(s): _____

_____

_____

13. Have you ever been arrested, convicted, pled guilty, or pled nolo contendere to any misdemeanor or felony? (You must report DWI/DUI.) Attach additional pages if necessary.
YES ___ NO ___ If YES, provide:
Date(s):_____ Location(s):_____
Charge(s):_____
Conviction(s):_____

_____

Explanation:_____

_____

Discovery of criminal conviction(s) **not disclosed** may result in **denial** of your registration and disclosure of discovered information to other licensing boards/programs. Additional official court documents may be required.

If conviction was set aside, give date and explain using additional pages if necessary:

_____

_____

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CEO Form B

PLEASE READ CAREFULLY

In making application to the Code Enforcement Officer Registration Program for the issuance of a registration, I have read and agree to abide by the Code Enforcement Officer Registry Act and the rules of the Texas Department of State Health Services. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a registration, I agree to be bound by the Code Enforcement Registration Renewal Rules (25 Texas Administrative Code §140.161). I further understand that the **fee submitted with this application is non-refundable** and that the materials submitted for consideration become the property of the Department and are nonreturnable. I am sure of the schedule of fees (25 Texas Administrative Code §140.153) and understand that additional fees must be paid to keep the registration current.

I agree to hold the Texas Department of State Health Services, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with request to any examination, the failure of the Department to issue me a registration and any other aspect of registry. I hereby grant permission to the Department to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a registration, upon the revocation, suspension or cancellation of that registration, I shall return the registration certificate and registration identification card to the Department.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a registration or the revocation of my registration.

The disclosure of a social security number by an applicant is mandatory. Social security numbers will be used for identification purposes.

_____ _____
Date Signature of Applicant

THE STATE OF ( )
COUNTY OF ( )

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20____.

Notary Public in and for _____County, Texas or _____

_____
Signature of Notary **SEAL**

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CEO FORM C
EMPLOYER AFFIDAVIT FORM

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED
Be sure to use a separate form for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the one (1) year requirement if applying for Code Enforcement Officer.

Name of Applicant:_____Phone #_____

Address of Applicant:_____
(Street No. or Box) (City) (State) (Zip)

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below:

I, _____, certify that I have employed _____
(Employer) (Applicant)
from _____ to _____ and that I know of my own knowledge that said person was employed as
(Month/Day/Year) (Month/Day/Year)
follows and that his/her regularly assigned duties included code enforcement:

1. Name and Address of Employer: _____
   Other means of employment: ( ) Self employed ( ) Independent contractor

2. Briefly describe job responsibilities: _____

   _____

3. Job Title: _____

4. Check type of establishment or office in which work is/was performed:
   ( ) City Employment ( ) County ( ) State ( ) Agency

   ( ) Other, specify:_____

5. Total number of hours per week applicant worked in the above duties: _____

6. Other pertinent information:_____

On this _____ day of _____, 20_____, in _____, _____,
(City) (State)

I certify under penalty of perjury that the information submitted is true and correct.

STATE OF TEXAS ( )
COUNTY OF ( )

_____
Signature of Employer

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____
Notary's Signature

NOTARY SEAL

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CEO FORM D
CODE ENFORCEMENT OFFICER IN TRAINING
Supervisor Contract
THIS FORM MUST BE COMPLETED IF YOU HAVE LESS THAN 1 YEAR OF FULL-TIME EXPERIENCE IN THE FIELD OF CODE ENFORCEMENT.

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

The following information must be completed by a registered Code Enforcement Officer. To be registered as a Code Enforcement Officer-In-Training, the applicant must be working under supervision of a registered Code Enforcement Officer.

Applicant's Name: _____
(Last) (First) (Middle)

Address: _____
(Street of Box Number) (City) (State) (Zip)

Applicant's Signature: _____ Applicant's phone #:_____

The Code Enforcement Officer attesting to his/her knowledge of the supervision of the individual above shall complete the information below. **TYPE OR PRINT LEGIBLY.**

I,_____, CE_____, certify that I am the supervisor of _____
(Supervisor's Name) (Registration #) (Applicant's Name)
starting on _____(Month/Day/Year) to Present. I know of my own knowledge that the said person is practicing code enforcement under my direction during the dates indicated.

1. Place of Employment: _____

2. Address of Employment: _____
(Street No.) (City) (State) (Zip)

3. Job Title: _____ 4. Type of Facility:_____

5. Type of Work Performed (be specific): _____
_____
_____

I have read and agree to abide by Texas Occupations Code Chapter 1952 and the rules relating to the Code Enforcement Officers Registry.

_____ _____
Supervisor's Signature Date

BEFORE ME, the undersigned authority, on this day personally appeared_____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

On this _____day of _____, 20_____.

Notary Public in and for _____County, Texas or _____.

_____ **NOTARY SEAL**
Signature of Notary

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Name: _____

Request for Disability Accommodation for CEO Examination

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete this form along with the application. **In addition, attach a statement on letterhead stationery from a professional who is familiar with your disability.** This statement must describe the disability for which you require accommodation.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? ☐ YES ☐ NO If the answer is YES, please specify.

Disability: _____

_____

_____

2. Have you had any prior accommodations for your disability in an examination setting? ☐ YES ☐ NO
If you answer YES, specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability	Type of Test Accommodation
_____	_____
_____	_____
_____	_____

3. If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability	Type of Test Accommodation
_____	_____
_____	_____
_____	_____

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form. **Be sure to submit a statement on letterhead stationery from a professional who is familiar with your disability.**

_____ _____.
Signature (Applicant) Date

_____ _____.
Signature (Professional) Date