



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

EMPLOYER AFFIDAVIT FORM C

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