



[www.dshs.state.tx.us/mold](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

- You may pay for your license online at [www.dshs.state.tx.us/mold](http://www.dshs.state.tx.us/mold) and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.

### 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 10-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)

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.)