

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

MOLD ASSESSMENT COMPANY INITIAL LICENSE APPLICATION INSTRUCTIONS

Applicants must complete and sign this application and return it with the required non-refundable application fee. Applications are not complete and will not be processed until you submit all required items.

- 1. <u>LEGAL BUSINESS NAME</u> Full legal name of business. If doing business under another name, please explain on a separate sheet of paper.
- 2. <u>DOING BUSINESS AS (DBA) NAME</u> Provide the full DBA name for your business.
 - What is a "Doing Business As" Name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.
 - It's important to note that when you form a business, the legal name of the business defaults to the name of the person or entity that owns the business, unless you choose to rename it and register it as a DBA name. For example, consider this scenario: John Smith sets up a painting business. Rather than operate under his own name, John instead chooses to name his business: "John Smith Painting". This name is considered an assumed name and John will need to register it with the appropriate local government agency.

 Do I need a DBA name? A DBA is needed in the following scenarios:
 - Sole Proprietors or Partnerships If you wish to start a business under anything other than your real name, you'll need to register a DBA so that you can do business as another name.
 - Existing Corporations or LLCs If your business is already set up and you want to do business under a name other than your existing corporation or LLC name, you will need to register a DBA.
- 3. BUSINESS PHONE NUMBER Provide the telephone number, including the area code, of the business listed.
- 4. BUSINESS EMAIL ADDRESS Provide your business email address.
- 5. <u>BUSINESS MAILING ADDRESS</u> Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
- 6. <u>BUSINESS PHYSICAL ADDRESS</u> Provide the physical address of your facility. A post office box cannot be used for this address. Once your license has been issued, you can only change the business's physical address by applying for a new license.
- 7. <u>TEXAS PHYSICAL ADDRESS</u> A person licensed under this chapter must maintain an office in Texas. An individual employed by a person licensed under this chapter is considered to maintain an office in Texas through that employer. Provide the Texas physical address of your business.
- 8. <u>RESPONSIBLE PERSON INFORMATION</u> List the name and license number for the licensed mold assessment consultant who is responsible for the mold assessment company's operations and compliance with rules concerning mold-related activities. Applicants must designate at least one licensed mold assessment consultant to be the responsible person for the company.
- 9. <u>TYPE OF OWNERSHIP</u> Check the box that indicates how your business is organized. You can find a description of the various types of business structures at the <u>Texas Secretary of State</u>.

- 10. <u>OWNER INFORMATION</u> Provide the name address and occupation of each person that has ownership interest of 10% or more in the mold assessment company.
- 11. <u>REQUIREMENTS</u> The following are required for a mold assessment company license in accordance with TDLR rules.
 - A. Completed application.
 - B. License fee.
 - C. Applicant must maintain a Texas Office.
 - D. Proof of compliance with the insurance requirement specified in §78.40.
 - E. Must have at least one licensed mold assessment consultant to act as the company's responsible person.
- 12. STATEMENT OF APPLICANT Carefully read the statement before signing and dating your application. The law and rules you must comply with are on the department's mold program web page.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR

P.O. Box 12157

Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. **Do not send cash**.

For additional information and questions, visit the <u>TDLR website</u> or reach Customer Service via <u>webform</u>. The webform will allow you to submit your request for assistance and include attachments. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the *TDLR Public Information Act Policy*.



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MOLD ASSESSMEN	IT C	OMPANY INITIAL LICE	NSE A	APPLICATIO	N
APPLICATION FEE	: \$85	0 (APPLICATION FEE IS NO	N-REF	UNDABLE)	
	omple	eted and accompanied by all r	equired	d documents	
1. Legal Business Name:					
2. DBA Name: (if applicable)					
3. Business Phone Number:		4. Business Email A	ddress	S:	
(Area Code) Phone Number					
5. Business Mailing Address:					
(P.O. Box, Number, Street Name/Apartment Number)		City		State	Zip Code
6. Business Physical Address (PO box cannot	be use	d for this address):			
(P.O. Box, Number, Street Name/Apartment Number)		City		State	Zip Code
7. Texas Physical Address (PO box cannot be use	d for thi	s address):			
(P.O. Box, Number, Street Name/Apartment Number)		City		State	Zip Code
8. Responsible Person Information: Name of MAC:			MAC Licer	; nse #:	
9. Type of Ownership:					
Limited Liability Partnership (LLP)		Limited Partnership (LP)		Partnership	
☐ Limited Liability Company (LLC)		Corporation	Sole Owner/Proprietorship		
☐ DBA (Doing Business As)		Non-Profit	Government Entity		
LIST ALL OWNERS WITH 10)% OI	R MORE OWNERSHIP OF TH	HIS BU	SINESS (attach a	dditional pages if needed)
10. Owner Information Owner Name or Corporation Name:					
Mailing Address:					
(P.O. Box, Number, Street Name/Apartment Number)		City		State	Zip Code
Occupation:					
Owner Name or Corporation Name: Mailing Address:					
(P.O. Box, Number, Street Name/Apartment Number)	— –	City		State	Zip Code
Occupation:					

11. Requirer	ments: The following documentation is required for a mold assessment company license in accordance with
Check o	one and submit documentation if required:
	The business has commercial general liability insurance in the amount of not less than \$1 million per occurrence. If a policy is canceled or materially changed, the licensee shall notify the department in writing not later than 30 calendar days before the change or cancellation effective date. The business is a self-insured non-governmental entity. **Submit an affidavit and financial statement, as described in 78.40(a)(2).
	The business is a self-insured governmental entity – documentation not required.
12.	STATEMENT OF APPLICANT
Occupations the departme providing fals	I have read and will comply with all applicable provisions of the Mold Assessors and Remediators Act; Texas Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative Rules and ent's universal rules at 16 Texas Administrative Code, Chapter 78 and Chapter 60. I understand that see information on this application may result in denial of this application and/or revocation of the license I am and the imposition of administrative penalties.
	Signature of Owner or Responsible Person Date