



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOLD ASSESSMENT TECHNICIAN 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.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. SUBMIT ONLY COPIES OF ORIGINAL DOCUMENTS YOU WILL NEED IN THE FUTURE (DIPLOMAS, TRAINING CERTIFICATES, ETC). KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.

1. NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix)
Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Provide your birthdate.
4. SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
5. EMAIL ADDRESS – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. PHONE NUMBER – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. EMPLOYMENT – Enter the information of your place of employment; name of the business, employer license number (if applicable), address, phone number, fax number, and email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law. If you are not employed, enter NA.
9. REQUIREMENTS – The following are required for an initial mold assessment technician license:
 - A. Complete application.
 - B. License fee.
 - C. Be at least 18 years old at the time of application.
 - D. High school diploma or GED certificate.
 - E. Submit a copy of applicant's initial mold assessment technician course certificate provided by a department-approved training provider.
 - F. Applicant or the licensee that employs applicant maintains an office in Texas.
 - G. Comply with the insurance requirement as specified in §78.40.
 - H. Pass a criminal history background check.
 - I. Examination: upon approval of your completed application, you will be eligible to take the examination for Mold Assessment Technician. The testing vendor will notify you when you are eligible to sit for the exam.

FE DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.

FF CRIMINAL HISTORY – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) form for each crime you were convicted of or placed on deferred adjudication for and a \$10.00 fee.

12. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application. The law and rules you must comply with are on the department's mold program web page.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information](#).

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
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 [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. 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 ASSESSMENT TECHNICIAN INITIAL LICENSE APPLICATION

APPLICATION FEE: \$150 (FEE IS NON-REFUNDABLE)

This form must be completed and accompanied by all required documents.

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Gender:

☐

Male

☐

Female

3. Date of Birth:

4. Social Security Number: (See Instruction Sheet for Disclosure Information)

5. Email Address:

6. Phone Number:

7. Mailing Address:

Street Number and Street Name

Apt/Ste/Bldg

City

State

Zip Code

EMPLOYMENT INFORMATION

8. Employment (if applicable):

Business Name:

Employer License Number (if applicable):

Business Mailing Address:

Street Number and Street Name

Apt/Ste/Bldg

City

State

Zip Code

Business Phone #:

Business Email Address:

9. Requirements: The following is required for a mold assessment technician license in accordance with TDLR rules.

A. Have you graduated high school or obtained your G.E.D. certificate? ☐ Yes ☐ No

B. Proof of compliance with the insurance requirement specified in §78.40 (select one):

☐ I am employed by a company and covered under its commercial general liability insurance policy.

****If the company is not licensed under the Mold program, provide a Certificate of Insurance naming the Department of Licensing and Regulation as the certificate holder.**

☐ I am self-employed and covered under my own commercial general liability insurance policy.

****Provide Certificate of Insurance naming the Department of Licensing and Regulation as a certificate holder.**

☐ I am employed by a governmental entity that is self-insured.

☐ I am employed by a non-governmental entity that has a net worth of at least \$1 million.

****Submit current financial statement and affidavit.**

☐ I am unemployed but I will provide to the department, before performing mold-related activities authorized under my license, proof of required insurance coverage.

C. Training Certificate:

☐ Submit a copy of applicant's initial mold assessment technician course certificate provided by a department-approved training provider.



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**You must submit a
Certificate of
Insurance, which
includes the license
holder name and
business name to
the Department
after you pass the
examination.**



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MOLD ASSESSORS AND REMEDIATORS CERTIFICATE OF INSURANCE

This certificate is issued to the Texas Department of Licensing and Regulation as a matter of information only and confers to rights upon the certificate holder. This Certificate of Insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the policy specified herein.

This certificate is used only to indicate general liability insurance coverage.

Licensee Name and/or License Number: _____

Business Name: _____ Business dba: _____

Business Address: _____
Street Number and Street Name Apt/Ste/Bldg City State Zip code

Business Phone Number: _____

Insurance Company: _____

Term Dates: _____ Policy Number: _____
Effective (mm/day/year) Expiration (mm/day/year) Binders or declarations are not accepted

Name of Insurance Agency: _____ Name of Agent: _____

Insurance Agency Address: _____
Street Number and Street Name Apt/Ste/Bldg City State Zip Code

Agent Phone Number: _____ Email Address: _____

- Unless otherwise indicated, persons licensed under Chapter 1958 TX Occupation Code/TAC CH. 78 are required to obtain commercial general liability insurance in the amount of not less than \$1 million per occurrence and to maintain the coverage for the term of the license.
- The certificate of insurance must be complete, including all applicable coverages and endorsements.

I certify that this insurance company is licensed to do business by the Texas Department of Insurance or is an Eligible Surplus Lines Carrier.

Printed Name

Signature of Authorized Insurance Agent

License Number

Date

CERTIFICATE HOLDER ADDRESS:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2871
Phone: (512) 463-6599
www.tdlr.texas.gov

CANCELLATION:

Should any of the above described policies be canceled or reduced, the insurance carrier shall endeavor to notify the Texas Department of Licensing and Regulation at least 30 days before the cancellation or non-renewal by the insurance carrier, and not more than 10 days after non-renewal or cancellation by the insured.