TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MOLD REMEDIATION WORKER INITIAL REGISTRATION 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 III. (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***.
   If you do not have a social security number, complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
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's license number, address, phone number, and email address. If you are not employed, enter NA.
9. REQUIREMENTS – The following are required for an initial mold remediation worker registration:

   ☐ Completed application.

   ☐ Registration fee.

   ☐ Be at least 18 years old at the time of application.

   ☐ Submit a copy of applicant's initial mold remediation worker course certificate provided by a department approved training provider or licensed mold remediation contractor.

   ☐ Licensee (Mold Remediation Company or Remediation Contractor) that employs the applicant maintains an office in Texas.

   ☐ Licensee (Mold Remediation Company or Remediation Contractor) that employs the applicant is in compliance with the insurance requirement specified in §78.40

   ☐ Pass a criminal history background check.
10. 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.

11. 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 registration, 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 signing and dating your application. For more information on the law and rules visit TDLR's program 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 web page.***

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 you check or money order. **Do not send cash**.

For additional information and questions, please visit the ***TDLR website***. You can request assistance or submit required attachments via ***TDLR webform***. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only) or (512) 463-6599; 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 REMEDIATION WORKER INITIAL REGISTRATION APPLICATION

APPLICATION FEE: $50 (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: MM/DD/YYYY

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

5. Email Address: Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

6. Phone Number: (Area Code) Phone Number

7. Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number) | City | State | Zip Code + 4

EMPLOYMENT INFORMATION

8. Employment (if applicable):

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

Business Name: _____ Employer License # (if applicable): _____

Business Mailing Address: _____
(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

Business Phone No.: (include area code) _____ Business Email Address: _____

9. Training certificate:

☐ Submit a copy of applicant's initial mold remediation worker course certificate from a department-approved training provider or licensed mold remediation contractor.

10. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state? This does not include your driver. ☐ Yes ☐ No

If YES, complete and submit a *Disciplinary Action Questionnaire (DAQ) (PDF)* with this application.

11. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? ☐ Yes ☐ No

If YES, complete and submit a *Criminal History Questionnaire (CHQ) (PDF)* for each offense.

See instructions sheet for more information

12. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Mold Assessors and Remediators Act; Texas Occupations Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative Rules and the department's universal rules at 16 Texas Administrative Code, Chapter 78 and Chapter 60. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Applicant | Date