TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MOLD ASSESSMENT CONSULTANT INITIAL LICENSE APPLICATION INSTRUCTIONS

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).

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 the 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. 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, address, phone number, and email address. If you are not employed, enter NA.
9. REQUIREMENTS – The following are required for an initial mold assessment consultant license:
   A. Completed application.
   B. License fee.
   C. Must be 18 years old at the time of application.
   D. Verifiable evidence of meeting at least one of the following eligibility requirements:
      i. A bachelor's or graduate degree from an accredited college or university with a major in a natural or physical science, engineering, architecture, building construction, or building sciences and at least one year of hands on experience in an allied field; **(Provide a copy of bachelor's or graduate degree certificate or an original or copy of an official transcript)** or.
      ii. At least 60 college credit hours with a grade of C or better in the natural sciences, physical sciences, environmental sciences, building sciences, or a field related to any of those sciences and at least three years of hands on experience in an allied field; **(Provide an original or copy of an official college transcript)** or.
      iii. A high school diploma or a GED certificate and at least five years of hands on experience in an allied field; **(Provide a copy of a high school diploma or a GED Certificate)** or.
      iv. Certification as an industrial hygienist, a professional engineer, a professional registered sanitarian, a certified safety professional, or a registered architect with at least one year of hands on experience either in an allied field. **(Provide a copy of your certificate or ID card)**

E. Submit a copy of applicant's initial mold assessment consultant course certificate from a department-approved training provider.
F. Proof of compliance with the insurance requirement specified in §78.40.
G. Applicant or the licensee that employs applicant maintains an office in Texas.
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 Consultant. The testing vendor will notify you when you are eligible to sit for the exam.

INFORMATION REQUIRED WHEN LISTING WORK EXPERIENCE

1. The Company Name.
2. The Dates of Employment.
3. Name and phone number of the person that can verify current work experience.
4. Provide a detailed description of the duties performed relevant for the license.

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 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 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.

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, visit the ***TDLR website*** or reach Customer Service via ***TDLR 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 CONSULTANT INITIAL LICENSE APPLICATION

APPLICATION FEE: $500.00 (FEE IS NON-REFUNDABLE)

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

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@gmail.com See Instruction Sheet for Disclosure Information

6. Personal Phone Number: (Area Code) Phone Number

7. Personal Mailing Address:

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

8. EMPLOYMENT INFORMATION (if applicable)

Business Name:

Employer License #: (if applicable) TDLR License Number

Business Mailing Address:

P.O. Box, Number, Street Name, Ste/Apt Number | City | State | Zip Code + 4

Personal Phone Number: (Area Code) Phone Number

Business Phone Number: (Area Code) Phone Number

9. REQUIREMENTS

The following documentation is required for a mold assessment consultant license in accordance with TDLR Rules.

A. Verifiable evidence of meeting at least one of the following eligibility requirements (select one):

☐ A bachelor's or graduate degree from an accredited college or university with a major in a natural or physical science, engineering, architecture, building construction, or building sciences **and at least one year of hands on experience in an allied field; (Provide a copy of bachelor's or graduate degree certificate or an original or copy of an official transcript)** or.

☐ At least 60 college credit hours with a grade of C or better in the natural sciences, physical sciences, environmental sciences, building sciences, or a field related to any of those sciences **and at least three years of hands on experience in an allied field**; **(Provide an original or copy of an official college transcript)** or.

☐ A high school diploma or a GED certificate **and at least five years of hands on experience in an allied field; (Provide a copy of a high school diploma or a GED Certificate)** or.

☐ Certification as an industrial hygienist, a professional engineer, a professional registered sanitarian, a certified safety professional, or a registered architect **with at least one year of hands on experience either in an allied field. (Provide a copy of your certificate or ID card)**

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 the 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 consultant course certificate from a department-approved training provider.

10. Have you ever had a professional license, certification or registration suspended, revoked or denied in any state? ☐ Yes ☐ No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application. This does not include your driver license.

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) for each offense. Once your completed application is received, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. (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 Signed _____

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EXPERIENCE VERIFICATION FORM

ALL INFORMATION MUST BE COMPLETED IN ORDER TO DOCUMENT APPLICABLE EXPERIENCE. PLEASE SUBMIT ONE FORM PER EMPLOYER.

Applicant Name:

_____

Last, First, Middle Name, Suffix (Jr., Sr., III)

Company Name:	**Date of Employment:**
_____	From: _____ To: _____
	MM/DD/YYYY MM/DD/YYYY
Name of person that can verify experience:	**Phone Number:**
_____	_____
Last, First Name	(Area Code) Phone Number

Provide a detailed description of duties performed that are relevant to the license in which you are seeking:

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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: _____ (Effective (mm/dd/yyyy)) _____ (Expiration (mm/dd/yyyy)) Policy Number: _____ (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.