



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MOLD ANALYSIS LABORATORY 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. **LEGAL BUSINESS NAME** – Full legal name of business. If doing business under another name, please explain on a separate sheet of paper.
2. **DOING BUSINESS AS (DBA) NAME** – 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. **LABORATORY 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.
6. **LABORATORY PHYSICAL ADDRESS** – 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. **TEXAS PHYSICAL ADDRESS** – **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. **RESPONSIBLE PERSON INFORMATION** – List the name of the individual who is responsible for the laboratory’s operations and compliance with rules concerning mold-related activities.
9. **OWNERSHIP INFORMATION** – Check the box that indicates how the business is legally organized. For a description of various types of businesses, visit the [Texas Secretary of State](http://www.texas.gov). Complete requested information for all owners, officers, directors and registered agents of the business.

Social Security Number Disclosure: Your Social Security Number is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license and is subject to disclosure to an agency authorized to assist in the collection of child support payments.

10. **REQUIREMENTS** – The following is required for a mold analysis laboratory license in accordance with TDLR rules.
- A. Completed application.
 - B. License fee.
 - C. Evidence of ONE of the following:
 - i. The laboratory is accredited by the American Industrial Hygiene Association under the Environmental Microbiology Laboratory Accreditation Program (EMLAP);
 - ii. The laboratory is accredited or certified by a program deemed equivalent by the department for the preparation and analysis of mold;
 - iii. All individuals who will analyze mold samples are accredited by the Pan-American Aerobiology Certification Board or a program deemed equivalent by the department, if the laboratory will analyze only non-culturable samples; or
 - iv. All individuals who will analyze the mold samples: (if qualifying under (iv) provide a statement listing all individuals who will analyze mold samples.)
 - a. have at least a bachelor's degree in microbiology or biology;
 - b. have completed mold analysis training through the McCrone Research Institute OR by a program deemed equivalent by the department; and
 - c. have at least three years of experience as a mold microscopist.
 - D. Evidence that mold activity at the lab is overseen by a fulltime mycologist or microbiologist with:
 - a. an advanced academic degree or
 - b. at least of two years of experience in mold analysis.
 - E. Applicant must maintain a Texas Office.
 - F. Proof of compliance with the insurance requirement specified in §78.40.
 - G. Branch office(s) performing mold analysis: Evidence to satisfy 12(C) – (F) must be submitted for each branch office operating under the mold analysis laboratory license, as applicable.
11. **STATEMENT OF APPLICANT** – Carefully read the statement before date and sign 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 [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments as 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 ANALYSIS LABORATORY INITIAL LICENSE APPLICATION

APPLICATION FEE: \$750 (FEE IS NON-REFUNDABLE)

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

1. Legal Business Name:

2. DBA Name: (if applicable)

3. Business Phone Number:

(Area Code) Number

4. Business Email Address:

5. Laboratory Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code + 4

6. Laboratory Physical Address (P.O. box cannot be used for this address):

(Number, Street Name/Apartment Number)

City

State

Zip Code

7. Texas Physical Address (P.O. box cannot be used for this address):

(Number, Street Name/Apartment Number)

City

State

Zip Code

8. Name of Responsible
Person:

**9. COMPLETE THE APPROPRIATE SECTION BELOW FOR THE BUSINESS.
INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.**

For information on file number, visit the [Texas Secretary of State \(SOS\)](http://www.sos.texas.gov). The Federal Employer Identification Number (FEIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the Internal Revenue Service (IRS).

Sole Proprietor: (One individual)

Last

First

Middle

Suffix (Jr., Sr., III)

Social Security Number or Federal
Tax Identification Number:

Owner Date
of Birth:

MM/DD/YYYY

Phone Number:

(Area Code) Phone Number

Email
Address:

(Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

10. Requirements: The following is required for a mold analysis laboratory license in accordance with TDLR rules.

- A. Evidence of **ONE** of the following:
 - i. The laboratory is accredited by the American Industrial Hygiene Association under the Environmental Microbiology Laboratory Accreditation Program (EMLAP);
 - ii. The laboratory is accredited or certified by a program deemed equivalent by the department for the preparation and analysis of mold;
 - iii. All individuals who will analyze mold samples are accredited by the Pan-American Aerobiology Certification Board or a program deemed equivalent by the department, if the laboratory will analyze only non-culturable samples; or
 - iv. All individuals who will analyze mold samples: (if qualifying under (iv) provide a statement listing all individuals who will analyze mold samples.)
 - a. have at least a bachelor's degree in microbiology or biology;
 - b. have completed mold analysis training through the McCrone Research Institute OR by a program deemed equivalent by the department; and
 - c. have at least three years of experience as a mold microscopist.
- B. Evidence that mold analysis activity at the lab is overseen by a fulltime mycologist or microbiologist with:
 - a. an advanced academic degree or
 - b. at least two years of experience in mold analysis.
- C. Proof of compliance with the insurance requirement specified in §78.40.
- D. **Branch office(s). performing mold analysis:** Evidence to satisfy the applicable requirements of this section must be submitted for each branch office operating under the mold analysis laboratory license.

11. 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 Owner or Responsible Person

Date