TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

TEXAS ATTORNEY APPLICATION FOR A SENIOR PROPERTY TAX CONSULTANT EXAMINATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (MR is not a suffix.)
2. DATE OF BIRTH – Provide your birthdate. You must be at least 18 years of age.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order 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. TEXAS STATE BAR CARD NUMBER - Provide your Texas attorney bar card number. You must be license to practice law in the state of Texas to be eligible for the exam.
6. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. A post office box can be used as a mailing address. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. 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.
8. EMAIL ADDRESS – Provide your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you sign and date 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 (TDLR form MIL001)*** 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 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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YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

A completed application is required prior to scheduling your exam. If your application is approved, we will notify the exam provider (PSI) and they will send you a postcard with information about scheduling your exam. You must pay the exam fee directly to the exam provider (PSI).

1. Name:

Last | First | Middle | Suffix

2. Date of Birth:

MM/DD/YYYY

3. Gender: ☐ **Male** ☐ **Female**

4. Social Security Number:

See instruction sheet for disclosure information

5. Texas State Bar Card Number:

6. Mailing Address: (Used to receive mail from TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City | State | Zip Code

7. Phone Number:

(Area Code) Phone Number

8. Email Address:

See instruction sheet for disclosure information

9. STATEMENT OF APPLICANT

I certify all information submitted on this and attached forms are true and accurate. I understand that the contents of the qualifying examination are confidential and that revealing questions and answers to another applicant or to any person associated with a school or examination preparation course may mollify my exam results. If I am asked to reveal the contents of an examination, I will not do so.

Signature of Applicant | Date Signed