



TEXAS DEPARTMENT OF LICENSING AND REGULATION
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RESIDENTIAL APPLIANCE INSTALLATION CONTRACTOR LICENSE APPLICATION 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. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

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. BUSINESS NAME - Write the full name of your business as it will appear on your license. (40 characters maximum).
 - If there is more than one business name, an assumed name certificate is required. If your business is incorporated, contact the Texas Secretary of State's office for a certificate. If your business is not incorporated, contact your local county clerk's office.
 - List the full assumed names or DBA's for this business on the Certificate of Liability Insurance form. The name/assumed business name on the certificate of liability must match the name on the application.
 - Assumed names will NOT print on the actual license.
 - All business names will be listed on the TDLR website.
2. FEDERAL ID NUMBER - Write the federal ID number that is used by your business. Information about Federal or Employer ID numbers can be found at: www.irs.gov/businesses.
3. TYPE OF OWNERSHIP - Check the box that shows how your business is organized.
4. MAILING ADDRESS - Write your current mailing address. This is the address where we can send you mail. A post office box can be used. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
5. PHYSICAL ADDRESS - This is the physical location of your business. Do not use a post office box.
6. PHONE NUMBER - Write a telephone number, including the area code where we can reach you during the day or where we can leave you a message.
7. EMAIL ADDRESS - Write 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.
8. POINT OF CONTACT - Write the contact information of a person we can contact in regard to your business. See item seven for email disclosure information.
9. GENERAL LIABILITY INSURANCE - You must attach proof that your business has the minimum liability insurance required by law and rule. A certificate of insurance must be attached to your application. Residential appliance installation contractors are required to have at least the minimum general liability insurance coverage at all times to satisfy proof of financial responsibility. The insurance must:
 - be at least \$300,000 per occurrence (combined for property damage and bodily injury);
 - be at least \$600,000 aggregate (total amount the policy will pay for property damage and bodily injury); and
 - be at least \$300,000 aggregate for products and completed operations.

Proof of your general liability insurance may be submitted on an industry standard certificate of insurance form with a 30-day cancellation notice. Insurance must be obtained from an admitted company or an eligible surplus lines carrier, as defined in the Texas Insurance Code, Article 1.14-2, or other insurance companies that are rated by A.M. Best Company as B+ or higher.

10. WORKERS' COMPENSATION INSURANCE - Check the box that identifies how you have satisfied the workers' compensation Insurance requirement.

- I have worker's compensation insurance. Proof of workers' compensation insurance can be submitted on an industry standard certificate of insurance form with a 30-day cancellation notice. Insurance must be obtained from an admitted company or an eligible surplus lines carrier, as defined in the Texas Insurance Code, Article 1.14-2, or other insurance companies that are rated by A.M. Best Company as B+ or higher.
- I have self-insurance. The Self-Insurance program administered through the Texas Department of Insurance, Division of Workers' Compensation (DCW) is limited to larger-size employers. Employers must show a manual premium of at least \$500,000 in Texas or \$10,000,000 nationally, post a minimum security deposit of \$300,000, in addition to other substantive requirements in order to be approved as a Certified Self-Insurer. **Generally, companies with less than 200 employees will not meet the above criteria.**

For more information or to request an initial application packet, contact Division of Workers' Compensation Self-insurance Regulation by calling (512) 804-4345 or faxing (512) 804-4346 during normal business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday CST.

**Self-Insurance Regulation
Texas Department of Insurance
Division of Workers' Compensation
7551 Metro Center Drive Suite 100, MS-96
Austin, Texas 78744-1609**

- I do not have workers' compensation insurance. Subchapter A, Chapter 406, Labor Code and the rules of the Texas Department of Insurance provide for employers to not have workers' compensation insurance. An Employer Notice of No Coverage or Termination of Coverage Form (DWC Form-005) is filed and can be obtained by calling TDI/DWC forms management at (512) 804-4990. The form and related instructions can be downloaded at: www.tdi.texas.gov/forms/form20numeric.html. Contact TDI/DWC at (800) 372-7713 or (512) 804-4000 for additional information.

11. TEXAS RESIDENTIAL APPLIANCE INSTALLER ASSIGNED TO THIS CONTRACTOR - An applicant for a residential appliance installation contractor license must be:

- ◆ licensed in Texas as a residential appliance installer **or**
- ◆ employs a person licensed in Texas as a residential appliance installer.
- Do you own more than 50 percent of this contracting business? - Check YES or NO to this question.
- A person who holds a Texas residential appliance installer license can only be assigned to a single residential appliance installation contractor, **unless** the residential appliance installer owns more than 50 percent of the residential appliance installation contracting business.
- Name, license number, date, and signature of residential appliance installer - Sign this section, print your name and license number as it appears on your residential appliance installer license issued by TDLR.

12. STATEMENT OF APPLICANT - Before signing your application, carefully read the statement of applicant. Sign the application, print your legal name and date of signature. The owner may be an officer of the business.

9. General Liability Insurance:

Residential appliance installation contractors are required to satisfy proof of financial responsibility by maintaining general liability insurance coverage as stated below:

- (a) **at least** \$300,000 per occurrence (combined for property damage and bodily injury);
- (b) **at least** \$600,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage);
- (c) **at least** \$300,000 aggregate for products and completed operations.

A certificate of insurance **must** be attached to your application. The name/assumed business name on the certificate of liability insurance must match the business name on your application. See instructions sheet for more information.

10. Workers' Compensation Insurance: (Choose one of the following)

- I have workers' compensation insurance
- I have self-insurance
- I do not have workers' compensation insurance

See instructions sheet for more information

11. TEXAS RESIDENTIAL APPLIANCE INSTALLER ASSIGNED TO THIS CONTRACTOR

Do you own more than 50 percent of this appliance installation contractor business? **Yes** **No**

I agree to assign my license to this contractor and certify that I will comply with all applicable provisions of Texas Electrical Safety and Licensing Act; Texas Occupations Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in the revocation of my residential appliance installer license and this contractor license and the imposition of administrative penalties.

Texas Residential Appliance Installer License Number	Printed Name
Date Signed	Licensee Signature

12. STATEMENT OF APPLICANT

I certify that I will maintain the required insurance and I will comply with all applicable provisions of Texas Electrical Safety and Licensing Act; Texas Occupations Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in the revocation of the license I am requesting and the imposition of administrative penalties.

Date	Printed Name
Date	Owner Signature