



## TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

### BOILER INSPECTOR COMMISSION — EMPLOYER CHANGE APPLICATION INSTRUCTIONS

Complete this application and return it with the required non-refundable application fee. 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.

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. TDLR.

1. NAME – Write your legal name as it will appear on your license. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH – Write your birthdate.
3. GENDER – Select whether you are male or female.
4. TEXAS COMMISSION NUMBER (TCN) – Enter your Texas Commission Number.
5. MAILING ADDRESS – Write 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. PHONE NUMBER – Write a phone 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. BUSINESS EMAIL ADDRESS – Write the business email address. Please provide an email address that can receive license information and required notices from the department. The email address provided is subject to public disclosure and will be available on the TDLR website.
8. STATEMENT OF APPLICANT – Carefully read the statement of applicant before you sign and date your application.
9. EMPLOYER'S STATEMENT – This section must be completed by your authorized inspection agency employer.

#### 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 Texas Department of Licensing & Regulation website at [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## BOILER INSPECTOR COMMISSION — EMPLOYER CHANGE APPLICATION

SUBMIT THIS FORM TO NOTIFY THE DEPARTMENT OF AN EMPLOYMENT CHANGE AND TO RECEIVE AN UPDATED LICENSE

ALL INFORMATION MUST BE TYPED OR PRINTED

APPLICATION FEE: \$25 (FEE IS NON-REFUNDABLE)

**1. Name:**

\_\_\_\_\_  
Last, First, Middle Name, Suffix (JR, SR, III)

**2. Date of Birth:**

\_\_\_\_\_  
Month /Day/Year

**3. Gender:**

Male  Female

**4. Texas Commission Number:**

\_\_\_\_\_

**5. Mailing Address:** (P.O. box can be used for this address)

\_\_\_\_\_  
P.O. Box, Number, Street Name/Apartment Number, City, State, Zip Code

**6. Phone Number:**

\_\_\_\_\_  
Area Code Phone Number

**7. Email Address:**

\_\_\_\_\_  
Email address (ex: johndoe@aol.com) (See Instruction sheet for disclosure information)

**8. STATEMENT OF APPLICANT**

By signing and submitting this application, I certify that information submitted on this and any attached documents is true and correct. I further certify that I have read and will comply with all applicable provisions of the Texas Health and Safety Code, Chapter 755; the Boiler Administrative Rules, 16 Texas Administrative Code, Chapter 65; Texas Occupations Code, Chapter 51; and the Texas Commission of Licensing and Regulation Administrative Rules, 16 Texas Administrative Code, Chapter 60. I understand that providing false information on this application may result in revocation, suspension, and/or denial of the commission I am requesting and the imposition of administrative penalties and sanctions.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

**9. EMPLOYER'S STATEMENT**

**This section must be completed for all applicants by the employer**

I certify that this applicant will be engaged in the following type(s) of inspection activities while under my supervision:

ASME New Construction  Inservice

First Day of Applicant's Employment by this Authorized Inspection Agency:  
\_\_\_\_\_

Name of Authorized Inspection Agency: \_\_\_\_\_

Inspection Organization Number Assigned by TDLR: \_\_\_\_\_

Supervisor's Name: (print name) \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Supervisor's Telephone: \_\_\_\_\_ Supervisor's Fax: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_  
See instruction sheet # 7 for disclosure information

On behalf of this Authorized Inspection Agency, I hereby certify that this applicant is employed by this inspection agency. If this commission is issued and if the employment relationship ends, I certify that I will notify the Texas Department of Licensing and Regulation in writing within two business days and will return this applicant's identifying commission card to the department within 30 days.

\_\_\_\_\_  
Supervisor's Signature:

\_\_\_\_\_  
Date Signed