TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157 - Austin, Texas 78711-2157
(800)-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - csboilers@tdlr.texas.gov

APPLICATION FOR:

Texas Boiler Inspector Commission

PURSUANT TO TEXAS HEALTH AND SAFETY CODE, CHAPTER 755

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Application Fees				

NOTE: **THIS APPLICATION MUST BE ACCOMPANIED BY NON-REFUNDABLE PAYMENT OF $25.00.**
MAKE CHECK PAYABLE TO :
THE TEXAS DEPARTMENT OF LICENSING AND REGULATION.

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Type of Inspection Activities (Check all that Apply): ☐ **ASME New Construction** ☐ **Inservice**

2. Full Name:

_____ _____ _____ _____
Last First Middle Initial Suffix (JR, SR, III)

3. Date of Birth: _____ -_____ - _____
Month Day Year

4. Gender: ☐ **Female** ☐ **Male**

5. Social Security No.: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application.

6. Permanent Mailing Address: (USED FOR CORRESPONDENCE FROM TDLR)

_____
Number, Street, Suite No., Apt. No. City State Zip Code

7. Daytime Phone Number: ( )

8. Fax Number: ( )

9. E-mail Address: _____

The Department will add your email address to the Boiler Program email notification list, which automatically provides information from the Department on matters affecting the Boiler Program. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following location: www.tdlr.texas.gov/newsletters/TDLRnofificationLists.asp

10. 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, attach a "Criminal History Questionnaire" to this application. This form can be found at www.tdlr.texas.gov

11. Have you had a license, certification, commission, or registration suspended, revoked or denied in any jurisdiction? ☐ Yes ☐ No If YES, attach a "Disciplinary Action Questionnaire" to this application.
A Disciplinary Action Questionnaire may be found at www.tdlr.texas.gov

12. Have you ever passed a jurisdiction examination to become a boiler inspector?

☐ Yes ☐ No If YES, complete the following:

Name of Jurisdiction:_____ Date of Exam:_____

13. Have you ever been issued a state commission or certificate of competency?

☐ Yes ☐ No If YES, complete the following:

Number(s) Assigned:_____ Original Issue Date(s):_____ Expiration Date(s):_____

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 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.

_____

Applicant Signature **Date**

EMPLOYER'S STATEMENT

This section must be completed for all applicants.

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:	Supervisor's Title:
Supervisor's Telephone: ( )	Supervisor's Fax: ( )
Supervisor's E-mail Address:	

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: