



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

BOILER INSPECTOR COMMISSION 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. 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 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 – Provide your birthdate.
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](#) or call (512) 460-6000 or (800) 252-8014.
5. 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. PHONE NUMBER – Provide 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. EMAIL ADDRESS – Provide the 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. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter](#), a completed [Criminal History Questionnaire \(PDF\)](#) for each crime you were convicted of, or placed on deferred adjudication for, and pay a \$25 fee.
9. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
10. HAVE YOU EVER PASSED A JURISDICTION EXAMINATION TO BECOME A BOILER INSPECTOR – Indicate if you have taken and passed a written boiler inspector examination from another jurisdiction. If YES, provide the name of the jurisdiction administering the exam and the date of the exam.
11. HAVE YOU EVER BEEN ISSUED A BOILER INSPECTOR COMMISSION OR CERTIFICATE OF COMPETENCY – Indicate if you have been issued an inspector commission or certificate of competency. If YES, provide the commission or certificate number, original date of issue, expiration date and the name of the issuing jurisdiction. Note: After proper investigation, the executive director may accept an inspection commission issued to a person by any other jurisdiction that has a written examination equal to that of Texas.
12. STATEMENT OF APPLICANT – Carefully read the statement of applicant before you sign and date your application.
13. EMPLOYER'S STATEMENT – This section must be completed by your authorized inspection agency employer.

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 \(PDF\)](#) 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.

*U`ow ni to sibmit moir ree iest for UssistUbWe UbX ibW` iXe UttUW \mebts beeXeX" 7 i stomer GerjiWe RedresebtUtijes
Ure UjUi`Ub`e AobXUnt \ro i [\ :riXUm fleIW` iXib[\o`iXUnUt fl, \$\$L , \$'!-&\$& flib stUte ob`u fl)%&L (*'!*)--z or Re`Um
TelUs!TDD. fl, \$\$L + ')!&- , -"*

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](#).



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

BOILER INSPECTION COMMISSION APPLICATION

DO NOT WRITE ABOVE THIS LINE
YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR
THE APPLICATION WILL BE TERMINATED
ALL INFORMATION MUST BE TYPE OR PRINTED
APPLICATION FEE: \$50.00 (FEE IS NON-REFUNDABLE)

1. Name:			
_____ Last		_____ First	
_____ Middle		_____ Suffix	
2. Date of Birth	3. Gender:	4. Social Security Number:	
_____ (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ (See instruction sheet for disclosure information)	
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:		7. Email Address:	
_____ (Area Code) Phone Number		_____ (ex: johndoe@gmail.com) (See instruction sheet for disclosure information)	
8. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , complete and attach a Criminal History Questionnaire (PDF) for each offense. See instruction sheet for more information			
9. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state? (This does <u>not</u> include your driver license.) <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , attach a Disciplinary Action Questionnaire (PDF) to this application for each action.			
10. Have you ever passed a jurisdiction examination to become a boiler inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , complete the following: Name of Jurisdiction: _____ Date of Exam: _____			
11. Have you ever been issued a boiler inspector commission or certificate of competency? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , complete the following: Number(s) Assigned: _____ Original Issue Date(s): _____ Expiration Date(s): _____ Name of Jurisdiction: _____			

12. 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

EMPLOYER'S STATEMENT

This section must be completed for all applicant by the employer

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

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

ASME New Construction Inservice

Inspection Organization Number Assigned to TDLR:

Name of Authorized Inspection Agency:

Supervisor's Name: (print name)

Supervisor's Title:

Supervisor's Telephone:

Supervisor's Fax:

(Area Code) Phone Number

(Area Code) Phone Number

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