TEXAS DEPARTMENT OF LICENSING & REGULATION
Compliance Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599
www.tdlr.texas.gov

BOILER INSPECTOR COMMISSION — EMPLOYER CHANGE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant and applicant's supervisor. All information provided must be typed or printed in black ink.

KEEP A COPY OF YOUR COMPLETED APPLICATION.

EMAIL YOUR COMPLETED APPLICATION TO: Industrial.Blazers@tdlr.texas.gov

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. TEXAS COMMISSION NUMBER (TCN) – Enter your Texas Commission Number.
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. 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. BUSINESS EMAIL ADDRESS – Provide 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.

EMAIL YOUR COMPLETED APPLICATION TO: Industrial.Blazers@tdlr.texas.gov

IF YOU CHOOSE TO MAIL, SEND YOUR COMPLETED APPLICATION TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

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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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

EMAIL YOUR COMPLETED APPLICATION TO: Industrial.Blazers@tdlr.texas.gov

1. Name:

Last | First | Middle | Suffix

2. Date of Birth: MM/DD/YYYY

3. Gender: ☐ Male ☐ Female

4. Texas Commission Number:

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

Street Number & Name Apt/Bldg/Ste # | City | State | Zip Code + 4

6. Phone Number: (Area Code) Phone Number

7. Email Address: Email address (ex: johndoe@gmail.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.

Signature of Applicant | Date Signed

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