



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

CODE ENFORCEMENT OFFICER IN TRAINING REGISTRATION APPLICATION INSTRUCTIONS

To qualify for a Code Enforcement Officer in Training (CIT) registration, an applicant, including an applicant for registration by reciprocity, must meet the requirements established in 16 TAC, Chapter 62, which includes the following:

- Successfully pass a criminal history background check
- Successfully completed the training course described by Rule §62.23 of the Code Enforcement Officer's rules.
- Passed the required examination.
- Currently engage in code enforcement.
- Have less than one (1) year of full-time experience in the field of code enforcement.
- Complete the full-time experience required to apply for a Code Enforcement Officer registration within twelve (12) months of the filing date of this application. After the twelve (12) month period and unless the CIT registration is properly renewed, the CIT registration will expire.

1. NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Provide your birthdate.
4. SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(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](#).
5. EMAIL ADDRESS – Provide your email address only if you agree to the following statement. By providing my email address, I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. PERSONAL PHONE NUMBER – Provide a telephone 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. 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.
8. CIT EMPLOYMENT INFORMATION – Provide the information of your primary place of employment: name of the business, address, phone number, employer email address, your job title, and the date you started work.
9. PRIOR CODE ENFORCEMENT WORK EXPERIENCE – For each employer for which you have performed code enforcement services, list your job title, the name and address of the business, and the dates you worked for the business. Attach additional sheets if required.
10. PRIOR REGISTRATION AS A TEXAS CODE ENFORCEMENT OFFICER – If you have held a Texas code enforcement officer registration before, list your registration number and the name on the registration certificate (if different than your name as stated on this application).

11. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action. §62.23
12. **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 \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) form for each crime you were convicted of or placed on deferred adjudication for and a \$10.00 fee. You can find more information on the process and download the necessary forms on the [TDLR website](#).
13. **STATEMENT OF APPLICANT** – Carefully read the statement before signing and dating your application.

CHECKLIST OF DOCUMENTATION REQUIRED TO BE SUBMITTED WITH APPLICATION AND FEE:

A completed application on a department-approved form;

Proof of having successfully completed training program described in §62.23;

Employer Certification Letter - **Only** if applicable;

Code Enforcement Officer in Training Verification of Supervision Form - signed by the registered Code Enforcement Officer who supervises your code enforcement duties, or by your direct supervisor if your employer has been validated as exempted from complying with the supervision requirement stated in the Tex. Occ. Code §1952.103(c) as amended by Senate Bill 1376, 89th Legislature, Regular Session, 2025;

Fee required by 16 TAC §62.80;

Military Service Member, Military Veteran, or Military Spouse Supplemental Application - **Only** if applicable; and

A [Disciplinary Action Questionnaire \(PDF\)](#) - **Only** if applicable.

A [Criminal History Questionnaire \(PDF\)](#) - **Only** if applicable.

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 visit the [TDLR Military Information webpage](#).

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
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.

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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APPLICANT MUST MEET ALL THE REQUIREMENTS STATED IN 16 TAC, CHAPTER 62 AND SUBMIT THEM WITH THE APPLICATION FEE.

INITIAL APPLICATION FEE IS \$50.00 FEE AND NON-REFUNDABLE.

1. Name:

Last

First

Middle

Suffix

2. Gender:

Male

Female

3. Date of Birth:

MM/DD/YYYY

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Email Address:

Ex: johnndoe@gmail.com (See Instructions Sheet for Disclosure Information)

6. Personal Phone Number:

(Area Code) Phone Number

7. Mailing Address:

P.O. Box, Number, Street Name/Apartment Number

City

State

Zip Code + 4

8. CIT EMPLOYMENT INFORMATION

Employer's Business Name:

Job Title:

Employer's Business Mailing Address:

P.O. Box, Street Number, Street Name, Suite Number

City

State

Zip Code

Employer's Business Phone Number:

(Area Code) Phone Number

Employer's Email Address:

See Instruction Sheet for Disclosure Information

9. PRIOR CODE ENFORCEMENT WORK EXPERIENCE

List all previous positions held in the field of code enforcement. Begin with your last position (Indicate "NO" if your current position is the only time you have been employed in the code enforcement field.) **Attach additional pages if necessary.**

Employer's Business Name:

Job Title:

Employer's Business Mailing Address:

P.O. Box, Street Number, Street Name, Suite Number

City

State

Zip Code

Employment State Date:

MM/YYYY

Employment End Date:

MM/YYYY

Employer's Business Name:

Job Title:

Employer's Business Mailing Address:

P.O. Box, Street Number, Street Name, Suite Number

City

State

Zip Code

Employment State Date:

MM/YYYY

Employment End Date:

MM/YYYY

- 10. Have you ever been registered as a Code Enforcement Officer in Texas or any other state of the U.S.?** Yes No
- If YES, provide your registration number, and name if different from #1:
List other state registration and certifications held:

LICENSE INFORMATION

- 11. Have you ever had a professional license, certification or registration suspended, cancelled, revoked or denied in any state?** Yes No
- If YES, complete and submit a [Disciplinary Action Questionnaire \(PDF\)](#) for each offense.
- This does not include your driver's license

- 12. 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, complete and submit a [Criminal History Questionnaire \(PDF\)](#) for each offense.
- See instructions sheet for more information

13. STATEMENT OF APPLICANT
Read carefully the following Statement before signing and dating your application.

I certify that I have read and will comply with all applicable provisions of the Code Enforcement Officers Act, Texas Occupations Code, Chapter 1952; Texas Occupations Code, Chapter 51; and 16 Texas Administrative Code, Chapter 62. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Applicant

Date