



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## CODE ENFORCEMENT OFFICER EXPERIENCE VERIFICATION FORM INSTRUCTION PAGE

This form should be completed by a person qualified to verify Code Enforcement Officer experience for the applicant and whom the Department may contact for verification.

This form must not be completed by the applicant. Make additional copies if needed.

1. APPLICANT NAME – Provide applicant's 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. APPLICANT 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](#).
3. SUPERVISOR'S NAME – Provide supervisor's 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.)
4. SUPERVISOR'S LICENSE NUMBER – If applicable, please provide the Code Enforcement Officer's license number.
5. SUPERVISOR'S JOB TITLE – Provide supervisor's job title at the time experience was completed.
6. EMPLOYMENT STATE DATE – Provide initial date of when the experience began.
7. EMPLOYMENT END DATE – Provide date of when the experience ended.
8. EXPERIENCE – Check all boxes that apply of experience that has been completed.
9. SUPERVISORS STATEMENT – This section must be signed by the supervisor. Carefully read the statement before signing and dating.

### **SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

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

Documents submitted with your request will not be returned. Keep a copy of your completed request, 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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This form should be completed by a person qualified to verify Code Enforcement Officer experience for the applicant and whom the Department may contact for verification

This form must **not** be completed by the applicant. Make additional copies if needed.

1. Applicant Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

2. Applicant Social Security Number:

\_\_\_\_\_ See instruction sheet for disclosure information

### SUPERVISOR'S INFORMATION

3. Supervisor's Name:

\_\_\_\_\_ Last, First, Middle Name, Suffix (Jr., Sr., III)

4. Supervisor's License Number: (if applicable)

\_\_\_\_\_

5. Supervisor's Job Title :

\_\_\_\_\_

### EMPLOYMENT INFORMATION AND EXPERIENCE

The applicant must have worked a minimum of 32 hours per week in Code Enforcement inspecting premises for the purposes of (a) identifying environmental hazards, and (b) improving and rehabilitating those premises regarding to those hazards.

6. Employment Start Date:

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

7. Employment End Date:

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

8. Experience: (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abandoned vehicles  | <input type="checkbox"/> Basic processes of law     | <input type="checkbox"/> Building abatement  |
| <input type="checkbox"/> Fire or health hazards  | <input type="checkbox"/> Health ordinances          | <input type="checkbox"/> Home occupations    |
| <input type="checkbox"/> Housing codes and ordinances  | <input type="checkbox"/> Junk vehicles              | <input type="checkbox"/> Nuisance violations |
| <input type="checkbox"/> Sign regulations  | <input type="checkbox"/> Unsafe building conditions | <input type="checkbox"/> Zoning ordinances   |
| <input type="checkbox"/> Violations of any fire, health, or building regulation, statute, or ordinance |   |  |
| <input type="checkbox"/> Other (describe in full detail): _____  |   |  |

### 9. SUPERVISORS STATEMENT

I certify that I have verified only the duties performed and experience earned by the applicant while working under my supervision. I understand that I may be subject to disciplinary action if I verify duties performed or experience earned other than under my supervision.

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

\_\_\_\_\_ Date