



CODE ENFORCEMENT OFFICER REGISTRATION APPLICATION INSTRUCTIONS

Complete this application and return it with the required non-refundable application fee. 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. All information provided must be typed or printed in black ink.

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.

1. NAME – Write 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 – Write your birthdate.
4. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code 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 at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
5. EMAIL ADDRESS – By providing my email address I authorize 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 – Write 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 – Write 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.
8. CEO EMPLOYMENT INFORMATION – Enter the information of your place of employment; name of the business, address, phone number, fax number, your job title, the date you started work and place a check in the box for the category which you spend most of your time.
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. LICENSING REQUIREMENTS – You must have at least one year of full-time experience in the field of code enforcement on the date this application is filed. Additionally, you must have completed the training course described by Rule 62.23 of the Code Enforcement Officers rules, and pass the required examination.
12. 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 for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary_Action_Questionnaire.pdf.
13. 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 for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.

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 form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.

14. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

CHECKLIST OF DOCUMENTATION REQUIRED TO BE SUBMITTED WITH APPLICATION AND FEE

1. A completed application on a department-approved form;
2. Verification of having obtained at least one year of full-time experience in the field of code enforcement on the date the application is filed with the department;
3. The fee (\$100.00);
4. Proof of having successfully completed the training program described in §62.23.

EMPLOYER AFFIDAVIT - **Be sure to use a separate form** for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the one (1) year requirement if applying for registration as a Code Enforcement Officer.

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 (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

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 at: <http://www.tdlr.texas.gov/military.htm>.

DEFAULT ON STUDENT LOANS

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: cust.assist@tgslc.org.**



CODE ENFORCEMENT OFFICER REGISTRATION APPLICATION

DO NOT WRITE ABOVE THIS LINE

INITIAL APPLICATION FEE: \$100.00 (FEE IS NON-REFUNDABLE)

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED

The completed form must be accompanied by all required documents and the application fee.

1. Name: _____

_____ Last Name _____ First Name _____ Middle Name _____ Suffix

2. Gender: Male Female

3. Date of Birth: _____

4. Social Security Number: _____

Month Day Year

See Instruction Sheet for Disclosure Information

5. Email Address: _____

6. Personal Phone Number: _____

Ex: john DOE@aol.com See Instruction Sheet for Disclosure Information

Area Code Number

7. Mailing Address: _____

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

City State Zip Code

CEO EMPLOYMENT INFORMATION

8. CEO Employment Information:
 Employer's Business Name: _____

Employer's Business Mailing Address: _____

(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

Employer's Business Phone No. (include area code) _____

Employer's Business Fax No. (include area code) _____

Job Title: _____ Date of Employment From (Mo./Yr.) _____ To: _____

Mo./Yr. Mo./Yr.

Category of employment which you spend most of your time: (check one box)

- Not Employed
- Zoning Ordinances
- Sign Regulations
- Home Occupations
- Housing Codes and Ordinances
- Building Abatement
- Nuisance Violations
- Abandoned Vehicles
- Junk Vehicles
- Health Ordinances
- Basic Processes of Law
- Other (specify) _____

9. Prior Work Experience:

List all previous positions held in the field of code enforcement. Begin with your last position (write "NA" if your current position is the only time you have been employed in the code enforcement field. **Attach additional pages if necessary.**

Job Title: _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____

Employer's Name: _____

Employer's Address: _____
(Number, Street Name/Apartment Number, City, State and Zip)

Job Title: _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____

Employer's Name: _____

Employer's Address: _____
(Number, Street Name/Apartment Number, City, State and Zip)

Job Title: _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____

Employer's Name: _____

Employer's Address: _____
(Number, Street Name/Apartment Number, City, State and Zip)

Job Title: _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____

Employer's Name: _____

Employer's Address: _____
(Number, Street Name/Apartment Number, City, State and Zip)

10. Have you ever been registered as a Code Enforcement Officer? Yes No

If YES, give registration number, and name if different from #1: _____

List other state registrations and certifications held: _____

11.	LICENSE REQUIREMENTS
<p>To qualify for a Code Enforcement Officer, you must meet the following requirements:</p> <ul style="list-style-type: none"> • You must have at least one year of full-time experience in the field of code enforcement on the date this application is filed. • You must have completed the training course described by Rule 62.23 of the Code Enforcement Officers rules, • You must pass the required examination. 	
12.	<p>Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.</p> <p style="text-align: center;"><u>This does not include your driver's license</u></p>
13.	<p>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</p> <p>If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.</p> <p style="text-align: center;"><u>See instructions sheet for more information</u></p>
14.	STATEMENT OF APPLICANT
<p>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.</p>	
<p>_____ Signature of Applicant</p>	
<p>_____ Date</p>	



EMPLOYER AFFIDAVIT

Copy Page if Additional Blank Pages are Needed for Multiple Employers

Be sure to use a separate form for each organization or institution where the full-time experience was gained. Be sure to submit experience sufficient to document the one (1) year requirement if applying for Code Enforcement Officer.

1. Applicant Information

Name: (please print)

_____ Last Name

_____ First Name

_____ Middle Name

Phone Number:
(include the area code)

Mailing address:

(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

THE INFORMATION BELOW MUST BE COMPLETED BY A PERSON QUALIFIED TO VERIFY EXPERIENCE WHO THE DEPARTMENT MAY CONTACT FOR VERIFICATION

I, _____, certify that I have employed/supervised

(Employer/Supervising CEO)

_____ from _____ to _____

(Applicant)

(Month/Day/Year)

(Month/Day/Year)

and that I know of my own knowledge that said person was employed as follows and that his/her regularly assigned duties included code enforcement.

3. Employer Name: _____

4. Phone Number:
(include the area code) _____

5. Other means of employment: Self-Employed Independent Contractor

6. Employer

Address:

(Number, Street Name/Apartment Number, City, State, Zip)

7. Briefly describe job responsibilities: _____

8. Job Title: _____

9. Check the type of establishment or office in which work is/was performed:

City Employment County State Agency

Other, specify: _____

10. Total number of hours per week applicant worked in the above duties: _____

11. Other pertinent information:

12. EMPLOYER STATEMENT

I have only verified actual experience that this applicant received while working under my supervision. I understand that I may be subject to disciplinary action if I verify experience other than that which was performed while the applicant was working under my supervision.

Signature of Employer

Date