



Texas Department of Licensing and Regulation
 PO Box 12157 • Austin, Texas 78711-2157
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
 www.tdlr.texas.gov • cs.codeenforcement@tdlr.texas.gov

CODE ENFORCEMENT OFFICER EXPERIENCE VERIFICATION FORM

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.

Applicant Information

This is to certify that _____
Applicant's Full Name Applicant's Social Security Number
 performed the services under my license and direct supervision as described below.

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.

Employment Start Date: _____ Employment End Date: _____

Supervisor's Name: _____ Job Title: _____

Supervisor's License Number (if applicable): _____

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): _____ | | |

SUPERVISOR 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.

 Printed Name of Verifying Person

 Signature of Verifying Person

 Date