



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

Can I use this form?

Yes No I have at least one year of full-time verifiable experience in the field of code enforcement on the date this application is filed.

If you answered **NO** to the above statement, **STOP. You do not meet the qualifications for this license and will need to start with the Code Enforcement Officer in Training application.**

Are you a military service member, military veteran or military spouse?

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 web page](#).

APPLICATION INSTRUCTIONS

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. 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.
9. 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](#), a completed Criminal History Questionnaire 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](#).
10. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating your application.

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

Complete Application on a department-approved form (typed or in ink), which includes the CEO Experience Verification form;

If there is more than one employer, submit a CEO Experience Verification form for each additional employer where the experience was gained;

Required \$100.00 fee; and

A Copy of the TEEX certificate from your training program described in Section 62.23.

An application is not considered complete and will not be processed until all required items have been submitted. Failure to provide information requested on this form may result in significant processing delays and/or the rejection of your application.

You must meet all requirements including passing the exam within 12 months of the filing date of your application, or the application will be terminated. If you do not meet the one-year deadline, you must reapply for a new license by complying with the requirements and procedures, including any examination requirements and payment of fees.

SEND YOUR COMPLETED REQUEST 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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CODE ENFORCEMENT OFFICER REGISTRATION APPLICATION

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

Yes No I have at least one year of full-time verifiable experience in the field of code enforcement on the date this application is filed.

If you answered **NO** to the above statement, **STOP. You do not meet the qualifications for this license and will need to start with the Code Enforcement Officer in Training application.**

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

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: johndoe@gmail.com See Instruction 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

8. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state? (This does not include a driver's license)

If YES, complete and submit a [Disciplinary Action Questionnaire \(PDF\)](#) with this application.

Yes

No

9. Have you ever received deferred adjudication for, or been convicted of, any misdemeanor or felony, other than a minor traffic violation?

If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

Yes

No

See instructions sheet for more information

10.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules of the Code Enforcement Officer Program. All information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature of Applicant

Date



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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.

1. Applicant Name:

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

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:

MM/DD/YYYY

7. Employment End Date:

MM/DD/YYYY

8. Experience: (Check all that apply)

Abandoned vehicles

Basic processes of law

Building abatement

Fire or health hazards

Health ordinances

Home occupations

Housing codes and ordinances

Junk vehicles

Nuisance violations

Sign regulations

Unsafe building conditions

Zoning ordinances

Violations of any fire, health, or building regulation, statute, or ordinance

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