

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

CODE ENFORCEMENT OFFICER RENEWAL REGISTRATION APPLICATION INSTRUCTIONS

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. <u>NAME</u> 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.)
- REGISTRATION NUMBER AND EXPIRATION DATE Provide your registration number and the date it expires.
- 3. DATE OF BIRTH Provide your birthdate.
- 4. <u>SOCIAL SECURITY NUMBER</u> 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 <u>Texas Attorney General</u>.
- 5. <u>EMAIL ADDRESS</u> 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. <u>PERSONAL PHONE NUMBER</u> 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.
- MAILING ADDRESS Provide your current residential 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. <u>EMPLOYMENT INFORMATION</u> Provide the employer's business information, your job title and date you began working for your employer. Also, place a check in the box representing the type of work you spend most of your time doing.
- 9. <u>CONTINUING EDUCATION</u> Each registered code enforcement officer must complete at least twelve continuing education hours as set forth in this section within the 24 months preceding renewal of a registration, at least one hour of which must be in legal or legislative issues.
- <u>CRIMINAL HISTORY</u> 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 <u>Criminal History Questionnaire (PDF)</u> for each offense.
- 11. STATEMENT OF APPLICANT Carefully read the statement before signing and dating your application.

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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CODE ENFORCEMENT OFFICER RENEWAL REGISTRATION APPLICATION

RENEWAL APPLICATION FEES (FEE IS NON-REFUNDABLE)									
\$75.00 – IF YOUR RENEWING PRIOR TO EXPIRATION DATE \$112.50 – IF YOUR REGISTRATION HAS BEEN EXPIRED FOR 90 DAYS OR LESS									
\$150.00 – IF YOUR REGISTRATION HAS BEEN EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN 18 MONTHS									
This completed form must be accompanied by all required documents and the application fee.									
1. Name:		· · · · · ·							
Last	First		Middle	Suffix					
2. Registration Number:		Expiration Date:							
		MM/DD/YYYY							
3. Date of Birth:	4. Social Securi	ty Number:							
MM/DD/YYYY 5. Email Address:		See Instruction Sheet for Disclosure Information 6. Personal Phone Number:							
J. Liliali Address.			o. Personal Phone Nui	iibei.					
			(4. 6.1.)						
Ex: johndoe@gmail.com (See Instruction Sh 7. Mailing Address:	eet for Disclosure Info	ormation)	(Area Code) Pho	ne Number					
Ğ									
P.O. Box, Number, Street Name/Apartment I	Number	City	State	Zip Code + 4					
		INFORMATION	N						
Employer's Business Name:									
Employer's Business Mailing Address:									
P.O. Box, Number, Street Name/Apartment N	lumber	City	State	Zip Code + 4					
Employer's Business Phone Number:		Job Title							
(Area Code) Phone Number									
Employment Start Date:		Employment End Date:							
Month/Year			Month/Year						
Category of employment which you sp	pend most of y	our time: (Sele	ct one box)						
Not Employed	Nuisance Violations								
Zoning Ordinances	Abandoned Vehicles								
Sign Ordinances	Junk Vehicles								
Home Occupations	Health Ordinances								
Housing Codes and Ordinances	Basic Processes of Law								
Building Abatement	Other: (specify)								

9.	Did you complete the required 12 hours of approved continuing education? Note: Renewal registration applicants may be audited in accordance with 62.24(I) which requires documentation of CE completion.	Yes	No				
10.	Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation since your last renewal? If YES, complete and submit a Criminal History Questionnaire (PDF) for each offense.	Yes	No				
11	STATEMENT OF APPLICANT						
O ur	I certify that I have read and will comply with all applicable provisions of the Code Enforcement Officers Act, Texas Occupations Code, Chapter 51; and 16 Texas Administrative Code, Chapter 62. I understand that providing false information on this application 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						



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You must return this form with you	our renewal form and fee.
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- 1. Rule §62.24. Each registered code enforcement officer must obtain and show proof of at least 12 continuing education hours within the 24 months preceding renewal of a registration. At least one hour must be legal/legislative issues.
- 2. Each registered code enforcement officer in training must obtain and show proof of at least six continuing education hours within the 12 months preceding renewal of a registration. At least one hour must be in legal/legislative issues.
- 3. Each registrant is responsible for maintaining a record of his/her continuing education activities.
- 4. In the spaces provided below, list the continuing education (CE) activities which you have attended or completed. If you do not meet the requirements set out above, you may not renew your registration. CE credit is limited to the topics set out in Rule §62.24(i).

credit is limited to the topics set out in Rule §	§62.24(ı).				
Name: (Please Print)		Registration Number:			
Last, First, Middle Name, Suffix (Jr., Sr.,	III)				
Course Name	Sponso	Sponsor		# of Credit Hours	
Total Number of Hours					
I certify that I completed the above-listed activities of understand that the Code Enforcement Officer Regis my application may be selected for audit. I understant result in the revocation or suspension of my registrate	stration Program rando nd that knowingly provi	mly audits rene ding false infor	ewal applicatior mation of any k	s, and that	
Signature of Renewal Applicant			Date		