

**ELECTRICAL SIGN CONTRACTOR LICENSE  
APPLICATION INSTRUCTIONS**

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE  
PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED.**

**GENERAL INSTRUCTIONS**

The application must be completed and signed by the applicant. All information provided must be typed or clearly printed in black ink using upper case letters. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" plain paper. Please use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples, use only plain paper.**

If one check will be used to pay for multiple applications, a **Combined Check Worksheet** must be completed and submitted with the applications and payment. The Combined Check Worksheet is available on the Department's website.

BUSINESS NAME – Write the business name in the space provided as it will appear on your license. (40 characters maximum)

TELEPHONE NUMBER – Write the area code and telephone number of the business.

FAX NUMBER – Write the area code and fax number of the business.

FEDERAL ID NUMBER – Provide the federal ID number that is used by the business.

MAILING ADDRESS – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.

PHYSICAL ADDRESS – This address is the actual location of the business. If this address is the same as your mailing address, you may write SAME. A post office box will not be accepted as a physical address.

**CONTACT INFORMATION**

CONTACT NAME – Please write your name in the spaces provided. (last, first, middle initial)

TELEPHONE NUMBER - Write the area code and telephone number of the contact person. If this number is the same as the business number, you may write SAME.

E-MAIL ADDRESS – Write the e-mail address of the contact person. The Department will add this address to the electricians' e-mail list, which provides information from the Department on matters affecting electricians. The e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

**BUSINESS STRUCTURE**

Indicate in the box provided how the business is organized. Use the following values:

1	Corporation
2	Sole proprietorship
3	Partnership
4	Limited Liability Company
5	Limited Liability Partnership
6	Other (attach a description)

LIABILITY INSURANCE - You must attach proof of the minimum liability insurance required by law and rule.

LIABILITY INSURANCE DOCUMENTATION

Electrical contractors are required to maintain at least the minimum general liability insurance coverage at all times to satisfy proof of financial responsibility. The insurance must:

- (1) be at least \$300,000 per occurrence (combined for property damage and bodily injury);
- (2) be at least \$600,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage); and
- (3) be at least \$300,000 aggregate for products and completed operations.

Proof of the required general liability insurance may be submitted on an industry standard certificate of insurance form with a 30 day cancellation notice. Insurance must be obtained from an admitted company or an eligible surplus lines carrier, as defined in the Texas Insurance Code, Article 1.14-2, or other insurance companies that are rated by A.M. Best Company as B+ or higher.

WORKERS' COMPENSATION INSURANCE – Indicate in the box provided the manner in which you have satisfied the Workers' Compensation Insurance requirement. Use the following values:

1	Have Insurance Coverage (Attach certificate of coverage)
2	Self Insured (see below)
3	No Coverage (see below)

- 1. Carry Workers' Compensation Insurance. Proof of workers' compensation insurance can be submitted on an industry standard certificate of insurance form with a 30 day cancellation notice. Insurance must be obtained from an admitted company or an eligible surplus lines carrier, as defined in the Texas Insurance Code, Article 1.14-2, or other insurance companies that are rated by A.M. Best Company as B+ or higher.
- 2. The Self-Insurance program administered through the Texas Department of Insurance, Division of Worker's Compensation is limited to larger-size employers. Employers must show a manual premium of at least \$500,000 in Texas or \$10,000,000 nationally, post a minimum security deposit of \$300,000, in addition to other substantive requirements in order to be approved as a Certified Self-Insurer. **Generally, companies with less than two hundred employees will not meet the above criteria.**

For further information or to request an Initial Application Packet, please contact Division of Worker's Compensation Self-Insurance Regulation by calling (512) 804-4345 or faxing (512) 804-4346 during normal business hours of 8-5 Monday through Friday CST.

**Self-Insurance Regulation  
Texas Department of Insurance  
Division Workers' Compensation  
7551 Metro Center Drive Suite 100, MS-96  
Austin, Texas 78744-1609**

- 3. No workers' compensation coverage Subchapter A, Chapter 406, Labor Code and the rules of the Texas Department of Insurance provide for employers to not have workers' compensation coverage. A DWC Form – 005 is filed with and can be obtained by calling TDI / DWC forms management at (512) 804-4990 or the form and related instructions can be downloaded at the following link: <http://www.tdi.state.tx.us/forms/form20employer.html> (scroll down to the middle of the page for the DWC Form - 005). Contact TDI / DWC at 1-800-372-7713 or (512) 804-4000 for additional information.

**MASTER SIGN ELECTRICIAN ASSIGNED TO THIS SIGN CONTRACTOR**

An applicant for a license as an electrical sign contractor must be licensed in Texas as a master / master sign electrician or employ a person licensed in Texas as a master / master sign electrician.

**DO YOU OWN MORE THAN 50% OF THIS CONTRACTING BUSINESS?** – Check the appropriate box to answer this question.

A person who holds a master / master sign electrician license issued under this chapter may only be assigned to a single electrical sign contractor, unless the master / master sign electrician owns more than 50 percent of the electrical sign contracting business.

**NAME, LICENSE NUMBER AND SIGNATURE OF MASTER / MASTER SIGN ELECTRICIAN** – Enter the name, signature and license number as they appear on the license form issued by the Texas Department of Licensing & Regulation.

**FEE**

The fee for this application is **\$115**. Please send one check or money order for the total amount due, payable to TDLR. Mail fees, application and documents to: TDLR, PO BOX 12157, AUSTIN, TX 78711.

**OWNER SIGNATURE**

Before you sign, carefully read the statement at the bottom of the application. Be aware that information provided on this application and any attachments are subject to audit. Providing false information may result in revocation of this license and the imposition of administrative penalties.

Sign the application, print your legal name and date the application. The owner may be an officer of the business.

Please remember that the application must be completed in black ink and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together. Do not use staples. Any deviation from these instructions may delay the processing of your application.

Documents submitted with the application will not be returned. Keep a copy of the completed application, all attachments and your check. Do not submit forms that you did not have to complete.



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - cs.electricians@tdlr.texas.gov

APPLICATION FOR:

Electrical Sign Contractor License Application

PURSUANT TO TITLE 8, OCCUPATIONS CODE, CHAPTER 1305

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 5 columns: FEE, RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$115.00, All fees are non-refundable.

DO NOT WRITE ABOVE THIS LINE

NOTE: IF ALL REQUIREMENTS FOR A LICENSE ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Business Name as it will appear on your license: NOTE: No more than 40 characters due to space limitations.

NOTE: If there is more than one business name, an assumed name certificate is required. If the business is incorporated, contact the Secretary of State's office. If the business is not incorporated, contact your local county clerk's office. Assumed Names will NOT print on the actual license. They will be listed on the TDLR website.

2. Telephone Number:

3. Fax Number:

4. Federal ID Number: (Information regarding the Federal/Employer ID # may be obtained through this web page: http://www.irs.gov/businesses)

5. Mailing Address:

Number, Street, Suite No., Apt. No. (P.O. Box is allowed for this address.)

City State Zip Code

Physical Location:

(Business Address) Number, Street, Suite No., Apt. No.

City State Zip Code

6. Contact Information:

Last Name

First Name

Middle Initial

Suffix (JR, SR, III)

Telephone Number

Email Address (johndoe@aol.com for example) See Note 1

7. Business Structure:

Corporation

Sole Proprietorship

Partnership

Limited Liability Company

Limited Liability Partnership

Other (attach a description)

8. General Liability Insurance:

Electrical sign contractors are required to satisfy proof of financial responsibility by maintaining general liability insurance coverage as stated below:

- (1) at least \$300,000 per occurrence (combined for property damage and bodily injury);
(2) at least \$600,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage); and
(3) at least \$300,000 aggregate for products and completed operations

A certificate of insurance must be attached to this application. See instructions for additional information.

This form consists of 2 pages.

**9. Workers Compensation Insurance:** (Choose one of the following.)

- I have worker's compensation insurance.
- \*  I have self-insurance. The Self-Insurance program administered through the Texas Department of Insurance, Division of Worker's Compensation is limited to larger-size employers. Generally, companies with less than two hundred employees will not meet this criteria.
- \*  I do not have worker's compensation insurance.

\* SEE INSTRUCTIONS FOR ADDITIONAL INFORMATION.

**TEXAS MASTER / MASTER SIGN ELECTRICIAN ASSIGNED TO THIS SIGN CONTRACTOR**

**10. Do you own more than 50% of this electrical sign contractor business ?**       YES     NO

I agree to assign my license to this sign contractor and certify that I will comply with all applicable provisions of the Texas Electrical Safety and Licensing Act; Texas Occupations Code, Chapter 1305 and Chapter 51; Tex. Admin. Code, Chapter 60; and the Electricians Administrative Rules, Tex. Admin. Code, Chapter 73. I understand that providing false information on this application may result in the revocation of my Master / Master Sign Electrician's License and this Electrical Sign Contractor license and the imposition of administrative penalties.

**Licensee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Tx license number** \_\_\_\_\_  
**issued by TDLR**

**NOTICE REGARDING APPLICABLE FEES**

- 11.** If you submit an insufficient fee amount with this application, it may be returned to you.  
All fees are required to be submitted with this application. A license fee of **\$115.00** is required.  
**Application fees are NOT refundable**

**STATEMENT OF OWNER**

**12.** I certify that I will maintain the required insurance and I will comply with all applicable provisions of the Texas Electrical Safety and Licensing Act; Texas Occupations Code, Chapter 1305 and Chapter 51; Tex. Admin. Code, Chapter 60; and the Electricians Administrative Rules, Tex. Admin. Code, Chapter 73. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**NOTE 1:** The Department will add your address to the Electricians email notification list, which automatically provides information from the Department on matters affecting Electricians. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public.

See additional information at the following link: <http://www.tdlr.texas.gov/newsletters/TDLRnotificationLists.asp>.