TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
http://www.license.state.tx.us - CS.Electricians@license.state.tx.us

APPLICATION FOR:

TEXAS MASTER ELECTRICIAN EMERGENCY LICENSE

PURSUANT TO OCCUPATIONS CODE, TITLE 8, CHAPTER 1305

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT
Application Fee			$ 50.00

DO NOT WRITE ABOVE THIS LINE

NOTE: *ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.*

1. Applicant's Full Name:

_____ _____ _____ _____
Last First Middle Initial Suffix (JR, SR,

2. Date of Birth:_____ - _____ - _____
Month Day Year

3. Gender: **FEMALE** **MALE**
(Circle One)

4. Applicant's Social Security No.:
____ ____ ____ - ____ ____ - ____ ____ ____ ____

Note: Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application.

5. Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

_____
Number, Street, Suite No., Apt. No.

_____ (_____) _____
City State Zip Code Area Code Phone Number

FAX Number: (_____) _____ _____
Area Code Phone Number E-mail Address (johndoe@aol.com for example) *See Note 1*

NOTE: You may pick up the license in person at the Houston office located at 5425 Polk Avenue, Suite G40 Houston, Texas. If you choose to pick up the license, please check here (otherwise it will be mailed at the address stated above): ☐

PLEASE CALL the Houston office prior to pick up of the license at (713) 924-6300 or TOLL FREE in Texas (800) 687-3861.

6. Have you ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than traffic tickets.) Please attach a criminal history questionnaire which is located on TDLR's website. **Yes** ____ **No** ____

7. List <u>out of state</u> license information and attach a copy of your Master Electrician license.
(A copy of your state electrical license is <u>required</u> in order to obtain your Texas emergency license.)

_____ _____ _____
License Type License Number State License was issued by

STATEMENT OF APPLICANT

8. By signing this application I certify all information submitted on this and attached forms is true and accurate. I authorize TDLR to conduct any investigations of me which it deems prudent. I understand that the information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met .

_____ _____
Date Signed **Applicant Signature**

<u>NOTE 1</u>: The Department will add your address to the Electrician 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.license.state.tx.us/newsletters/TDLRnotificationLists.asp.

Please visit our website at: www.license.state.tx.us for further information regarding the emergency.

EMERGENCY