

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. The application and all 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 – Full name the business is operating under. (40 characters maximum)

OTHER NAMES – List any assumed names or DBA's for this business on a separate sheet of paper.

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.

LIABILITY INSURANCE - You must attach proof of the minimum liability insurance required by law and rule. Answer this question by checking the appropriate box and be certain to include proof of insurance when you file your application.

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.

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)

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 by TWCC 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 TWCC Self-Insurance Regulation by calling (512) 804-4775 or faxing (512) 804-4776 during normal business hours of 8-5 Monday through Friday CST.

**Self-Insurance Regulation
Texas Workers' Compensation Commission
7551 Metro Center Drive, MS-60
Austin, Texas 78744-1609**

3. No workers' compensation coverage Subchapter A, Chapter 406, Labor Code and the rules of the Texas Workers' Compensation Commission provide for employers to not have workers' compensation coverage. A TWCC-5 form is filed with and can be obtained by calling TWCC forms management at (512) 804-4990 or the form and related instructions can be downloaded at the following link: <http://www.twcc.state.tx.us/forms/gentoc.html> (scroll down to the middle of the page for the TWCC-5). Contact TWCC at (512) 804-4636 for additional information.

MASTER SIGN ELECTRICIAN ASSIGNED TO THIS CONTRACTOR

An applicant for a license as an electrical sign contractor must be licensed in Texas as a master sign electrician or employ a person licensed in Texas as a 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 sign electrician license issued under this chapter may only be assigned to a single electrical sign contractor, unless the master sign electrician owns more than 50 percent of the electrical sign contracting business.

NAME, LICENSE NUMBER AND SIGNATURE OF 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.

OWNER SIGNATURE, PRINTED NAME AND DATE – Sign the application, print your legal name and date the application. The owner may be an officer of the business.

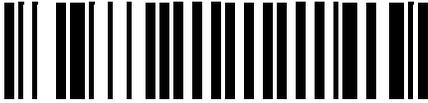
FEES

The fee for this application is **\$125**. Please send one check or money order for the total amount due, payable to TDLR. Mail fees, application and documents to: TDLR, PO BOX 13489, AUSTIN, TX 78711.

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.

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.



ELECTRICAL SIGN CONTRACTOR APPLICATION

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DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW			
RECEIPT NUMBER	FEE AMOUNT	PAYMENT AMOUNT	MONEY TYPE
	\$ 125.00	\$	

DO NOT WRITE ABOVE THIS LINE

All information must be typed or printed in black ink. If all requirements for a license are not met within one year of the filing of the application, the application will be closed. Fees submitted with this application are not refundable. This application must be filed by the owner of the contracting business.

Business Information

Name of Business _____

Telephone Number (____) _____ Fax Number (____) _____ Federal ID Number _____

Mailing Address _____

Physical Address _____

Number and Street _____ City _____ State _____ Zip _____

Number and Street _____ City _____ State _____ Zip _____

Contact Information

Last Name _____ First Name _____ MI _____ Suffix _____

Telephone Number (____) _____ Email _____

I have attached proof of the minimum liability insurance required by rule and will maintain this coverage at all times while licensed Yes No

Business Structure

Write ONLY 1, 2, 3, 4, or 5 in this box

1) CORPORATION	2) SOLE PROPRIETORSHIP	3) PARTNERSHIP	4) LIMITED LIABILITY COMPANY	5) LIMITED LIABILITY COMPANY (LLC)
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Workers Comp Insurance

Write ONLY 1, 2, or 3 in this box

1) HAVE INSURANCE (Attach certification of insurance)	2) SELF INSURED (See Instructions)	3) NO COVERAGE (See Instructions)
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TEXAS MASTER SIGN ELECTRICIAN ASSIGNED TO THIS CONTRACTOR

Do you own more than 50% of this electrical sign contracting business? Yes No

I agree to assign my license to this contractor and certify that I will comply with all applicable provisions of the Texas Electrical Safety and Licensing Act; Texas Occupation Code, 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 Sign Electrician license and this Electrical Sign Contractor license and the imposition of administrative penalties.

Licensee Signature _____ Printed Name _____ TX license number issued by TDLR _____

I certify that I will comply with all applicable provisions of the Texas Electrical Safety and Licensing Act; Texas Occupation Code, 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 _____ Printed Name _____ Date _____