TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

RESIDENTIAL APPLIANCE INSTALLATION CONTRACTOR LICENSE 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.

MAKE CHECK OR MONEY ORDER PAYABLE TO TDLR.

1. BUSINESS NAME - Provide the full name of your business as it will appear on your license. (40 characters maximum)
   - If there is more than one business name, an assumed name certificate is required. If your business is incorporated, contact the Texas Secretary of State's office for a certificate. If your business is not incorporated, contact your local county clerk's office. **NOTE**: The certificates are not required by TDLR. This is only required for your records.
   - List the full assumed names or DBA's for this business on the Certificate of Liability Insurance form. The name/assumed business name on the certificate of liability must match the name on the application.
   - Assumed names will NOT print on the actual license.
   - All business names will be listed on the TDLR website.
2. FEDERAL ID NUMBER - Provide the federal ID number that is used by your business. Information about Federal or Employer ID numbers can be found at: ***IRS.GOV***.
3. MAILING ADDRESS - Provide your current mailing address. This is the address where we can send you mail. A post office box can be used. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
4. PHYSICAL ADDRESS - This is the physical location of your business. Do not use a post office box.
5. PHONE NUMBER - Provide a telephone number, including the area code where we can reach you during the day or where we can leave you a message.
6. EMAIL ADDRESS - Provide your email address. By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
7. POINT OF CONTACT - Provide the contact information of a person we can contact in regard to your business. See item seven for email disclosure information.
8. TYPE OF OWNERSHIP – Check the box that indicates how the business is legally organized. For a description of various types of businesses, visit the ***Texas Secretary of State***. Complete requested information for all owners, officers, directors and registered agents of the business. Social Security Number Disclosure: Your Social Security Number is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license and 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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
9. GENERAL LIABILITY INSURANCE - You must attach proof that your business has the minimum liability insurance required by law and rule. A certificate of insurance must be attached to your application. Residential appliance installation contractors are required to have at least the minimum general liability insurance coverage at all times to satisfy proof of financial responsibility. The insurance must:
   - be at least $300,000 per occurrence (combined for property damage and bodily injury);
   - be at least $600,000 aggregate (total amount the policy will pay for property damage and bodily injury); and
   - be at least $300,000 aggregate for products and completed operations.

   Proof of your 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.

10. WORKERS' COMPENSATION INSURANCE - Check the box that identifies how you have satisfied the workers' compensation Insurance requirement.

- I have worker's 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.
- I have self-insurance. The Self-Insurance program administered through the Texas Department of Insurance, Division of Workers' Compensation (DCW) 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 $300,0000, in addition to other substantive requirements in order to be approved as a Certified Self-Insurer. **Generally, companies with less than 200 employees will not meet the above criteria.**

  For more information or to request an initial application packet, contact Division of Workers' Compensation Self-insurance Regulation by calling (512) 804-4345 or faxing (512) 804-4346 during normal business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday CST.

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

- I do not have workers' compensation insurance: Subchapter A, Chapter 406, Labor Code and the rules of the Texas Department of Insurance provide for employers to not have worker's compensation insurance. Employers who elect to not provide workers' compensation insurance for their employees must file an notice of no coverage with the Texas Department of Insurance through their online reporting tool for non-subscribers called Employer E-File at: https://appscenter.tdi.texas.gov/nonsubscriber/p/home.

  For more information, contact Division of Workers' Compensation at Coverage.Verification@tdi.texas.gov or by calling (512) 804-4345 or faxing (512) 804-4346 during normal business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday CST.

11. TEXAS RESIDENTIAL APPLIANCE INSTALLER ASSIGNED TO THIS CONTRACTOR - An applicant for a residential appliance installation contractor license must be:

- ♦ licensed in Texas as a residential appliance installer **or**
- ♦ employs a person licensed in Texas as a residential appliance installer.

- Do you own more that 50 percent of this contracting business? - Check YES or NO to this question.
- A person who holds a Texas residential appliance installer license can only be assigned to a single residential appliance installation contractor, **unless** the residential appliance installer owns more than 50 percent of the residential appliance installation contracting business.
- Name, license number, date, and signature of residential appliance installer - Sign this section, print your name and license number as it appears on your residential appliance installer license issued by TDLR.

12. STATEMENT OF APPLICANT - Carefully read the acknowledgment of applicant before you sign and date your application. The owner may be an officer of the business.

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, please visit the ***TDLR website***. You can request assistance or submit required attachments via ***TDLR webform*** or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

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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RESIDENTIAL APPLIANCE INSTALLATION CONTRACTOR LICENSE APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: $110 (FEE IS NON-REFUNDABLE)

1. Business Name: (as it will appear on your license, 40 character limit) See instruction sheet

_____

2. Federal ID Number: (See instruction sheet for more information)

_____

3. Mailing Address: (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number	City	State	Zip Code + 4

4. Physical Address: (PO box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number	City	State	Zip Code

5. Phone Number:

_____
(Area Code) Phone Number

6. Email Address:

_____
Email address (ex: johndoe@gmail.com) (See Instruction sheet for disclosure information)

7. Point of Contact:

Last	First	Middle

_____
(Area Code) Phone Number

_____
Email Address (Ex: johndoe@gmail.com) (See instructions sheet for disclosure information)

8. COMPLETE THE APPROPRIATE SECTION BELOW FOR THE BUSINESS. INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.

For information on file number, visit the **Texas Secretary of State (SOS)**. The Federal Employer Identification Number (FEIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the Internal Revenue Service (IRS).

☐ **Sole Proprietor:** (One individual)

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

Social Security Number or Federal Tax Identification Number: _____

Owner Date of Birth: _____ MM/DD/YYYY

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4 _____

☐ **Partnership:** (Two or more individuals) (For Additional Partners Complete Another Sheet)

Name of Partner #1: _____

Social Security Number or Federal Tax Identification Number: _____

Owner Date of Birth: _____ MM/DD/YYYY

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4 _____

Name of Partner #2: _____

Social Security Number or Federal Tax Identification Number: _____

Owner Date of Birth: _____ MM/DD/YYYY

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4 _____

FOR ADDITIONAL PARTNERS COMPLETE ANOTHER SHEET

☐ **Corporation:** (example Corporation, LLC, LP, LLP)

Name of Business Entity: _____

Federal Tax ID (FEIN): _____

Texas SOS File #: _____

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

_____ Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4

List all officers, directors and registered agents of the corporation. (Use additional sheets, if necessary.)

Name:

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

Gender: ☐ Male ☐ Female

Date of Birth: _____ MM/DD/YYYY

Social Security Number: _____

Position or Title: _____

Phone Number: _____ (Area Code) Phone Number

Name:

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

Gender: ☐ Male ☐ Female

Date of Birth: _____ MM/DD/YYYY

Social Security Number: _____

Position or Title: _____

Phone Number: _____ (Area Code) Phone Number

9. General Liability Insurance:

Residential appliance installation contractors are required to satisfy proof of financial responsibility by maintaining general liability insurance coverage as stated below:

(a) **at least** $300,000 per occurrence (combined for property damage and bodily injury);
(b) **at least** $600,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage);
(c) **at least** $300,000 aggregate for products and completed operations.

A certificate of insurance **must** be attached to your application. The name/assumed business name on the certificate of liability insurance must match the business name on your application. See instructions sheet for more information.

10. Workers' Compensation Insurance: (Choose one of the following)

☐ I have workers' compensation insurance

☐ I have self-insurance

☐ I do not have workers' compensation insurance

See instructions sheet for more information

11. TEXAS RESIDENTIAL APPLIANCE INSTALLER ASSIGNED TO THIS CONTRACTOR

Do you own more than 50 percent of this appliance installation contractor business? ☐ **Yes** ☐ **No**

I agree to assign my license to this contractor and certify that I will comply with all applicable provisions of Texas Electrical Safety and Licensing Act; Texas Occupations Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in the revocation of my residential appliance installer license and this contractor license and the imposition of administrative penalties.

Printed Name	Texas Residential Appliance Installer License Number
Licensee Signature	Date Signed

12. STATEMENT OF APPLICANT

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

Printed Name	
Owner Signature	Date