



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
**LICENSING DIVISION**

P.O. Box 12157 • Austin, Texas 78711  
 (512) 463-6599 • (800) 803-9202 • FAX (512) 475-2871  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

**APPLICATION FOR REGISTRATION  
 INDUSTRIALIZED HOUSING & BUILDINGS  
 REF BUILDER**

Pursuant to the Texas Occupations Code, Chapter 1202,  
 Industrialized Housing and Buildings

Receipt Number	Fee Amount	Payment Amount
	<b>\$750.00</b>	

**A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH REGISTRATION**

DO NOT WRITE ABOVE THIS LINE

PLEASE TYPE OR PRINT

1. NAME OF BUSINESS TO BE LICENSED:	
2. *E-MAIL ADDRESS (not required):	3. CONTACT NAME (required):

\* The Department will add this address to the IHB email notification list, which automatically provides information from the Department on matters affecting the IHB program. 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>

4. BUSINESS MAILING ADDRESS:	5. COUNTY
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NUMBER AND STREET	CITY	STATE	ZIP
6. PHONE NUMBER:	7. FAX NUMBER:	8. BUSINESS TYPE (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC	
9. **TAX ID NUMBER:			

\*\* The 11-digit Comptroller's Taxpayer Number, the 9-digit Federal Employer's Identification Number, or if sole proprietor, your social security number.

The Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a registration. 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 Texas Attorney General at (512) 460-6000 or (800) 252-8014.

10. **Corporations:** List names and titles of officers. **Partnerships:** For each partnership, list the name of each general partner. If any partner is a business entity, then list name and title of officers or partners (attach an additional sheet if necessary):

Name (full name)	Title	% of Ownership (partnerships)

**THIS FORM CONSISTS OF TWO PAGES**

**Signature of applicant is required on second page**

**APPLICATION FOR REGISTRATION--INDUSTRIALIZED HOUSING & BUILDINGS--REF BUILDER**

11. Have you or a corporate officer or a partner ever been convicted of or pleaded guilty or nolo contendere (no contest) to any MISDEMEANOR or FELONY other than a minor traffic violation?  YES  NO

**If you answered yes to item #11, then you must complete the Criminal History Questionnaire Form. This form can be obtained from the TDLR website at <https://www.tdlr.texas.gov/ihb/ihbforms.htm#Applications>.**

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With knowledge of the penalties for false statements, **I certify** that the construction and foundation of all REFs built under this registration shall be constructed in accordance with the approved construction documents, the mandatory building codes, the engineered plans, and department rules, and shall be inspected in accordance with §70.79 of the rules and the inspection procedures established by the Texas Industrialized Building Code Council.

**I certify** that I have read the Occupations Code, Chapter 1202, and the current Department of Licensing and Regulation rules promulgated thereunder. If the registration is issued, I agree to furnish to the Department of Licensing and Regulation any change in information included on this form and all attached documents within TEN (10) DAYS of the change.

Registration is subject to revocation if the Department is not notified, in writing, of any changes in the information given on this application or if there is a rule or law violation.

With knowledge of the penalties for false statements, I certify that all information submitted on this application and on all attached documents is true and correct.

\_\_\_\_\_  
**Applicant's Name Printed**

\_\_\_\_\_  
**Signature of Applicant, Managing Partner, or Officer if Incorporated**

\_\_\_\_\_  
**Date**

**For a partnership the applicant's signature must be a General Partner.**

**For a corporation the applicant's signature must be an officer of the corporation.**

**THIS FORM CONSISTS OF TWO PAGES**