



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOLD ASSESSMENT TECHNICIAN LICENSE RENEWAL APPLICATION INSTRUCTIONS

Applicants must complete and sign this application and return it with the required non-refundable application fee. Applications are not complete and will not be processed until you submit all required items.

1. **NAME** – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix)
Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **DATE OF BIRTH** – Provide your birthdate.
3. **SOCIAL SECURITY NUMBER** – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. 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](#).
4. **LICENSE NUMBER** – Enter your current mold assessment technician license number.
5. **EMAIL ADDRESS** – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. **EMPLOYMENT** – Enter the information of your place of employment; name of the business, employer license number, address, phone number, and email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law. If you are not employed, enter NA.
9. **REQUIREMENTS** - The following are required to renew a mold assessment technician license:
 - Completed application.
 - License fee.
 - Complete a mold assessment technician or mold assessment consultant continuing education (CE) course provided by a department-approved training provider within the two (2) years before renewal.
 - Applicant or the licensee that employs applicant maintains an office in Texas.
 - Comply with the insurance requirement as specified in §78.40.
 - Pass a criminal history background check.
10. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation, since your last renewal. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.
11. **STATEMENT OF APPLICANT** - Carefully read the statement before signing and dating your application. The law and rules you must comply with are on the department's [mold program web page](#).

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
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 you check or money order. **Do not send cash.**

For additional information and questions, please visit the Texas Department of Licensing & Regulation [website](#) or reach Customer Service via [webform](#) where you can submit your request for assistance and include attachments. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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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MOLD ASSESSMENT TECHNICIAN LICENSE RENEWAL APPLICATION

APPLICATION FEE: \$150 (FEE IS NON-REFUNDABLE)

This form must be completed and accompanied by all required documents.

1. Name:

_____ Last Name _____ First Name _____ Middle Name _____ Suffix _____

2. Date of Birth:

_____ (MM/DD/YYYY)

3. Social Security Number:

_____ (See Instruction Sheet for Disclosure Information)

4. Mold Assessment Technician License No.:

5. Email Address:

Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

6. Phone Number:

_____ (Area Code) Phone Number

7. Mailing Address:

_____ (P.O. Box, Number, Street Name/Apartment Number)

_____ (City)

_____ (State)

_____ (Zip Code + 4)

EMPLOYMENT INFORMATION

8. Employment (if applicable):

Business Name: _____ Employer License No.: _____

Business

Mailing Address: _____ (P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

Business Phone No.: _____ Business Email Address: _____

(Area Code) Phone Number

Ex: johndoe@aol.com See instruction sheet for Disclosure Information

9. Requirements: The following documentation is required to renew a mold assessment technician license in accordance with TDLR rules

A. Have you completed a mold assessment technician or mold assessment consultant continuing education (CE) course from department-approved training provider within the two (2) years before renewal?

Yes No

If yes, provide name of the Training Provider _____

Completion date: _____

B. Insurance requirement (select one):

I am employed by a company and covered under its commercial general liability insurance policy. ****If the company is not licensed under the Mold program, provide a Certificate of Insurance naming the Department of Licensing and Regulation as the certificate holder.**

I am self-employed and covered under my own commercial general liability insurance policy. ****Provide Certificate of Insurance naming the Department of Licensing and Regulation as a certificate holder.**

I am employed by a governmental entity that is self-insured.

I am employed by a non-governmental entity that has a net worth of at least \$1 million. ****Submit current financial statement and affidavit.**

I am unemployed but I will provide to the department, before performing mold-related activities authorized under my license, proof of required insurance coverage.

10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation since your last renewal? Yes No
If YES, complete and submit a [Criminal History Questionnaire \(PDF\)](#) for each offense.

See instructions sheet for more information

11. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Mold Assessors and Remediators Texas Occupations Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative and the department's universal rules at 16 Texas Administrative Code, Chapter 78 and Chapter 60. I understand providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Applicant

Date