



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MOLD ASSESSMENT CONSULTANT 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. All information provided must be typed or printed in black ink.

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. SUBMIT ONLY COPIES OF ORIGINAL DOCUMENTS YOU WILL NEED IN THE FUTURE (DIPLOMAS, TRAINING CERTIFICATES, ETC). KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.**

1. NAME - Write 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 - Write 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 at:  

[www.texasattorneygeneral.gov/child-support](http://www.texasattorneygeneral.gov/child-support) or call (512) 460-6000 or (800) 252-8014
4. LICENSE NUMBER - Enter your current mold assessment consultant 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 - Write 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 - Write 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, address, phone number, fax 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 consultant license:
  - A. Completed application
  - B. License fee.
  - C. Complete a mold assessment consultant continuing education (CE) course provided by a department-approved training provider within the two (2) years prior to renewal.
  - D. Applicant or the licensee that employs applicant maintains an office in Texas.
  - E. Comply with the insurance requirement as specified in §78.40.
  - F. 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 for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf).
11. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing 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 your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## MOLD ASSESSMENT CONSULTANT LICENSE RENEWAL APPLICATION

DO NOT WRITE ABOVE THIS LINE

**APPLICATION FEE: \$500 (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:

3. Social Security Number:

4. Consultant License Number:

Month Day Year

See Instruction Sheet for Disclosure Information

5. Email Address:

6. Phone Number:

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

Area Code

Number

7. Mailing Address:

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

City

State

Zip Code

### EMPLOYMENT INFORMATION

8. Employment (if applicable):

Business Name:

Employer

License #

(if applicable):

Business Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

Business Phone No. (include area code)

Business Fax No. (include area code)

Business Email Address:

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

9. Requirements: The following are required to renew a mold assessment consultant license in accordance with TDLR rules.

A. Have you completed a mold assessment consultant continuing education (CE) course from a department-approved training provider within the two (2) years prior to 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 the 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 been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation since your last renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.</b> <b><u>See instructions sheet for more information</u></b>
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11. STATEMENT OF APPLICANT
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I certify that I have read and will comply with all applicable provisions of the Mold Assessors and Remediators Act; Texas Occupations Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative Rules and the department's universal rules at 16 Texas Administrative Code, Chapter 78 and Chapter 60. I understand that 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
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