



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## MOLD ANALYSIS LABORATORY INITIAL LICENSE 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. **LEGAL BUSINESS NAME** – Full legal name of business. If doing business under another name, please explain on a separate sheet of paper.
2. **DOING BUSINESS AS (DBA) NAME** – Write the full DBA name for your business.  
What is a “Doing Business As” Name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.  
It’s important to note that when you form a business, the legal name of the business defaults to the name of the person or entity that owns the business, unless you choose to rename it and register it as a DBA name.  
For example, consider this scenario: John Smith sets up a painting business. Rather than operate under his own name, John instead chooses to name his business: “John Smith Painting”. This name is considered an assumed name and John will need to register it with the appropriate local government agency.  
Do I need a DBA name? A DBA is needed in the following scenarios:
  - **Sole Proprietors or Partnerships** – If you wish to start a business under anything other than your real name, you’ll need to register a DBA so that you can do business as another name.
  - **Existing Corporations or LLCs** – If your business is already set up and you want to do business under a name other than your existing corporation or LLC name, you will need to register a DBA.
3. **BUSINESS PHONE NUMBER** – Write the telephone number, including the area code, of the business listed.
4. **BUSINESS FAX NUMBER** – Write a fax number, including the area code, where we can send you faxes.
5. **BUSINESS EMAIL ADDRESS** – Write your business email address.
6. **LABORATORY 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.
7. **LABORATORY PHYSICAL ADDRESS** – Write the physical address of your facility. A post office box cannot be used for this address. Once your license has been issued, you can only change the business’s physical address by applying for a new license.
8. **TEXAS PHYSICAL ADDRESS** – **A person licensed under this chapter must maintain an office in Texas.** An individual employed by a person licensed under this chapter is considered to maintain an office in Texas through that employer. Write the Texas physical address of your business.
9. **RESPONSIBLE PERSON INFORMATION** – List the name of the individual who is responsible for the laboratory’s operations and compliance with rules concerning mold-related activities.
10. **TYPE OF OWNERSHIP** – Check the box that indicates how your business is organized. You can find a description of the various types of business structures at [www.sos.state.tx.us/corp/businessstructure.shtml](http://www.sos.state.tx.us/corp/businessstructure.shtml).

11. **OWNER INFORMATION** – Provide the name, address and occupation of each person that has ownership interest of 10% or more in the mold analysis laboratory.
12. **REQUIREMENTS** – The following is required for a mold analysis laboratory license in accordance with TDLR rules.
- A. Completed application.
  - B. License fee.
  - C. Evidence of **ONE** of the following:
    - i. The laboratory is accredited by the American Industrial Hygiene Association under the Environmental Microbiology Laboratory Accreditation Program (EMLAP);
    - ii. The laboratory is accredited or certified by a program deemed equivalent by the department for the preparation and analysis of mold;
    - iii. All individuals who will analyze mold samples are accredited by the Pan-American Aerobiology Certification Board or a program deemed equivalent by the department, if the laboratory will analyze only non-culturable samples; or
    - iv. All individuals who will analyze the mold samples: (if qualifying under (iv) provide a statement listing all individuals who will analyze mold samples.)
      - a. have at least a bachelor's degree in microbiology or biology;
      - b. have completed mold analysis training through the McCrone Research Institute OR by a program deemed equivalent by the department; and
      - c. have at least three years of experience as a mold microscopist.
  - D. Evidence that mold activity at the lab is overseen by a fulltime mycologist or microbiologist with:
    - a. an advanced academic degree or
    - b. at least of two years of experience in mold analysis.
  - E. Applicant must maintain a Texas Office.
  - F. Proof of compliance with the insurance requirement specified in §78.40.
  - G. **Branch office(s) performing mold analysis:** Evidence to satisfy 12(C) – (F) must be submitted for each branch office operating under the mold analysis laboratory license, as applicable.
13. **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:**

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 you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments as needed at <https://www.tdlr.texas.gov/help>. Customer Service can also be reached at (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 ANALYSIS LABORATORY INITIAL LICENSE APPLICATION

DO NOT WRITE ABOVE THIS LINE			
<b>APPLICATION FEE: \$750 (APPLICATION FEE IS NON-REFUNDABLE)</b>			
This form must be completed and accompanied by all required documents			
1. Legal Business Name:			
2. DBA Name: (if applicable)			
3. Business Phone Number:		4. Business Fax Number:	
Area Code	Number	Area Code	Number
5. Business Email Address:			
6. Laboratory Mailing Address:			
P.O. Box, Number, Street Name/Apartment Number			
City		State	Zip Code
7. Laboratory Physical Address (P.O. box cannot be used for this address):			
(Number, Street Name/Apartment Number)		City	State Zip Code
8. Texas Physical Address (P.O. box cannot be used for this address):			
Number, Street Name/Apartment Number		City	State Zip Code
9. Name of Responsible Person:			
10. Type of Ownership:			
<input type="checkbox"/>	Limited Liability Partnership (LLP)	<input type="checkbox"/>	Limited Partnership (LP)
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Limited Liability Company (LLC)	<input type="checkbox"/>	Sole Owner/Proprietorship
<input type="checkbox"/>	DBA (Doing Business As)	<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Government Entity		
<b>LIST ALL OWNERS WITH 10% OR MORE OWNERSHIP OF THIS BUSINESS</b> (attach additional pages if needed)			
11. Owner Information:			
Owner Name or Corporation Name: _____			
Mailing Address: _____			
(Number, Street Name/Apartment Number)		City	State Zip Code
Occupation: _____			
Owner Name or Corporation Name: _____			
Mailing Address: _____			
(Number, Street Name/Apartment Number)		City	State Zip Code
Occupation: _____			

12. Requirements: The following is required for a mold analysis laboratory license in accordance with TDLR rules.

- A. Evidence of **ONE** of the following:
  - i. The laboratory is accredited by the American Industrial Hygiene Association under the Environmental Microbiology Laboratory Accreditation Program (EMLAP);
  - ii. The laboratory is accredited or certified by a program deemed equivalent by the department for the preparation and analysis of mold;
  - iii. All individuals who will analyze mold samples are accredited by the Pan-American Aerobiology Certification Board or a program deemed equivalent by the department, if the laboratory will analyze only non-culturable samples; or
  - iv. All individuals who will analyze mold samples: (if qualifying under (iv) provide a statement listing all individuals who will analyze mold samples.)
    - a. have at least a bachelor's degree in microbiology or biology;
    - b. have completed mold analysis training through the McCrone Research Institute OR by a program deemed equivalent by the department; and
    - c. have at least three years of experience as a mold microscopist.
- B. Evidence that mold analysis activity at the lab is overseen by a fulltime mycologist or microbiologist with:
  - a. an advanced academic degree or
  - b. at least two years of experience in mold analysis.
- C. Proof of compliance with the insurance requirement specified in §78.40.
- D. **Branch office(s). performing mold analysis:** Evidence to satisfy the applicable requirements of this section must be submitted for each branch office operating under the mold analysis laboratory license.

13. STATEMENT OF APPLICANT

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 Owner or Responsible Person

\_\_\_\_\_  
Date



**TEXAS DEPARTMENT OF LICENSING & REGULATION**

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

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

**You must submit a  
Certificate of  
Insurance, which  
includes the license  
holder name and  
business name to  
the Department  
after you pass the  
examination.**



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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## MOLD ASSESSORS AND REMEDIATORS CERTIFICATE OF INSURANCE

This certificate is issued to the Texas Department of Licensing and Regulation as a matter of information only and confers to rights upon the certificate holder. This Certificate of Insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the policy specified herein.

This certificate is used only to indicate general liability insurance coverage.

Licensee Name and/or License: \_\_\_\_\_

Number: Business Name: \_\_\_\_\_ Business dba: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Number, Street Name, Suite Number City State Zip code

Business Phone Number: \_\_\_\_\_  
(Area Code and Phone Number)

Insurance Company: \_\_\_\_\_

Term Dates: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Effective (mm/day/year) Expiration (mm/day/year) Binders or declarations are not accepted

Name of Insurance Agency: \_\_\_\_\_ Name of Agent: \_\_\_\_\_

Insurance Agency Address: \_\_\_\_\_  
Number, Street Name, Suite Number City State Zip Code

Agent Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

- Unless otherwise indicated, persons licensed under Chapter 1958 TX Occupation Code/TAC CH. 78 are required to obtain commercial general liability insurance in the amount of not less than \$1 million per occurrence and to maintain the coverage for the term of the license.
- The certificate of insurance must be complete, including all applicable coverages and endorsements.

I certify that this insurance company is licensed to do business by the Texas Department of Insurance or is an Eligible Surplus Lines Carrier.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Authorized Insurance Agent

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

### CERTIFICATE HOLDER ADDRESS:

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2871  
Phone: (512) 463-6599 • Fax: (512) 475-2871  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

### CANCELLATION:

Should any of the above described policies be canceled or reduced, the insurance carrier shall endeavor to notify the Texas Department of Licensing and Regulation at least 30 days before the cancellation or non-renewal by the insurance carrier, and not more than 10 days after non-renewal or cancellation by the insured.