



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711  
(512) 539-5735 • (800) 803-9202 • FAX (512) 539-5736  
*education@tdlr.texas.gov • www.tdlr.texas.gov*

## MOLD TRAINING PROVIDER ACCREDITATION APPLICATION INSTRUCTIONS

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED  
UNTIL ALL REQUIRED DOCUMENTATION IS PROVIDED**

### PLEASE NOTE:

- The application must be completed and signed by the applicant.
- All information provided must be typed or printed in **black ink**.
- The application must be submitted on single-sided, 8½" x 11" paper.
- Please use a paperclip to fasten all pages together, with the check or money order on top. Do not use staples.

**1. Provider Name:** Enter the official name of the training provider. This must be the name used in all advertisements.

**2. Doing Business As (DBA) Name:** Enter the full DBA name for the 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. Provider Phone Number:** Enter the telephone number, including the area code of the business listed.

**4. Provider Fax Number:** Enter the fax telephone number, including the area code of the business listed.

**5. Email Address:** By providing my email address I authorize TDLR to send 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.



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711

(512) 539-5735 • (800) 803-9202 • FAX (512) 539-5736

*education@tdlr.texas.gov • www.tdlr.texas.gov*

6. **Mailing Address:** Enter the current mailing address. This is the address where TDLR will send 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. **Central Office Address:** Enter the physical address of the training provider. This is the address of the business and location where all records will be kept for auditing purposes. A post office box is **not** acceptable for the central office address.
8. **Designated Mold Training Manager:** Enter the name of the designated mold training manager who is employed by the training provider and responsible for operations. The designated mold training manager must meet all of the requirements of 16 TAC §78.
9. **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).
10. **Name of Principals:** The owner and/or owners with the highest level of authority for the training provider business who are responsible for its operations and compliance with rules; include the business address for the principals.
11. **Owner Information:** Provide the name, mailing address, email address and occupation of each person that has ownership interest of 10% or more of the Mold Training Provider business.
12. **Check one:** Provide proof of compliance with the insurance requirements specified in 16 Tac §78. General liability insurance in the amount of not less than \$1 million per occurrence and must be maintained for the term of the license. Insurance policies must be written by an insurance company authorized to do business in Texas or and eligible Texas surplus lines insurer as defined in the Texas Insurance Code, Chapter 981 (relating to Surplus Lines Insurance) or a Texas registered risk retention group or a Texas registered purchasing group.

The certificate of insurance must be complete, including all applicable coverages and endorsements, and must name the Texas Department of Licensing and Regulation as a certificate holder.

## REQUIRED DOCUMENTATION

**Submit:** Provide all required documentation along with the application as provided in 16 TAC §78.

## STATEMENT OF APPLICANT

Carefully read the statement before dating and signing your application.





# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711  
 (512) 539-5735 • (800) 803-9202 • FAX (512) 539-5736  
*education@tdlr.texas.gov • www.tdlr.texas.gov*

**LIST ALL OWNERS WITH 10% OR MORE OWNERSHIP OF THIS BUSINESS** (attach additional pages if needed)

11. **Owner Name:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

Mailing Address (PO Box, Number, Street Name/Apartment Number, City, State and Zip code)

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

Mailing Address: (PO Box, Number, Street Name/Apartment Number, City, State and Zip code)

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

12. **Check one and submit required documentation:**
- The business has commercial general liability insurance in the amount of not less than \$1 million per occurrence. **Submit** the certificate of insurance which must be complete and name the Texas Department of Licensing and Regulation as a certificate holder. If a policy is canceled or materially changed, the licensee shall notify the department in writing not later than 30 calendar days before the change or cancellation effective date.
  - The business is a self-insured non-governmental entity. **Submit** an affidavit signed by an authorized official of the entity or individual stating a net worth of at least \$1 million and a current financial statement, as described in §78.
  - The business is a self-insured governmental entity – documentation not required.

**SUBMIT THE FOLLOWING REQUIRED DOCUMENTATION WITH THIS APPLICATION**

- Refund policy and Cancellation policy in all languages in which training is offered.
- A copy of the developed plan which will be implemented to maintain and improve the quality of the training which must include but not limited to procedures for periodic revisions of training materials.
- A copy of the developed plan for maintaining and improving the quality of the training program including procedure for periodic revisions of training materials, tests and for the training manager’s annual review of instructor competency.
- Documentation of the qualifications of the mold training manager as provided in 16 TAC §78.
- List of courses to be offered (a mold course approval application must be submitted for each course).
- List of qualified principal instructors for each course to be offered.
- A statement of any affiliation with other mold-related companies doing business in Texas.
- Include a complete application for approval for each training course to be offered along with the require fee.

**Required policies and documentation must be in accordance with 16 TAC §78.**

**STATEMENT OF APPLICANT**

I certify that I am authorized and will comply with all applicable provisions of the Mold Assessors and Remediators Act; Texas Occupation Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative Rules; 16 Texas Administrative Code, Chapter 78. I understand that providing false information on this application may result in denial of this application and/or revocation of the accreditation I am requesting and the imposition of administrative penalties.

Signature of Owner and/or Training Manager \_\_\_\_\_ Date \_\_\_\_\_