



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

UPGRADE SANITARIAN IN TRAINING REGISTRATION APPLICATION INSTRUCTIONS

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.

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. **GENDER** – Select whether you are male or female.
3. **DATE OF BIRTH** – Write your birthdate.
4. **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.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
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. **PERSONAL 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 INFORMATION** – Enter the information of your place of employment; address, phone number, fax number, your job title, the date you started work and place a check in the box for the category which you spend most your time.
9. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary_Action_Questionnaire.pdf.
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. 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.
11. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application.

SANITARIAN EXPERIENCE VERIFICATION FORM - **Be sure to use a separate form** for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the two (2) years of experience (not less than 32 hours per week)

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 <https://www.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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INITIAL APPLICATION FEE: \$25.00 (FEE IS NON-REFUNDABLE)

The completed forms must be accompanied by all required documents and the application fee.

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Gender:

Male Female

3. Date of Birth:

Month Day Year

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Email Address:

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

6. Personal Phone Number:

Area Code Number

7. Mailing Address:

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

City

State

Zip Code

8. EMPLOYMENT INFORMATION

Employer Name:

Employer

Mailing Address:

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

Employer Phone No.

(include area code)

Employer Fax No.

(include area code)

Job Title:

Date of

Employment From:

Mo./Yr.

To:

Mo./Yr.

9. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state?

Yes No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

This does not include your driver's license

10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) 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 Sanitarians Act, Texas Occupations Code, Chapters 1953 and 51, and 16 Texas Administrative Code, Chapter 119. 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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SANITARIAN EXPERIENCE VERIFICATION FORM

Copy Page if Additional Blank Pages are Needed

Be sure to use a separate form for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the two (2) years of experience (not less than 32 hours per week).

1. Applicant Information

Name: (please print)

_____ Last Name

_____ First Name

_____ Middle Name

Phone Number:

(include the area code)

Mailing address:

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

2. THE PERSON CERTIFYING TO HIS/HER KNOWLEDGE OF THE EXPERIENCE OF THE INDIVIDUAL ABOVE SHALL COMPLETE THE INFORMATION BELOW

I, _____, certify that I have employed

(Employer)

_____ from _____ to _____

(Applicant)

(Month/Day/Year)

(Month/Day/Year)

and that I know of my own knowledge that said person was employed as follows and that his/her regularly assigned duties included work as a sanitarian:

3. Employer Name: _____

4. Phone Number: _____

Area Code Number

4. Employer Address: _____

(Number, Street Name/Apartment Number, City, State, Zip)

5. Briefly describe job responsibilities: _____

6. Job Title: _____

7. Check the type of establishment or office in which work is/was performed:

City Employment County State Agency

Other, specify: _____

8. Total number of hours per week applicant worked in the above duties: _____

9. Other pertinent information: _____

10. EMPLOYER STATEMENT

I certify under penalty of perjury that the information submitted is true and correct.

Signature of Employer

Date