



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157  
www.tdlr.texas.gov

## 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

**SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, all attachments, and your check or money order payable to TDLR. 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).