



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SANITARIAN IN TRAINING RENEWAL REGISTRATION APPLICATION INSTRUCTIONS

Complete this application and return it with the required non-refundable application fee. The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. **A sanitarian in training may only renew the registration once, for a total of four (4) years.**

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. **REGISTRATION NUMBER AND EXPIRATION DATE** - Enter your registration number and the date it expires.
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.texasattorneygeneral.gov/child-support 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. **PRIMARY EMPLOYMENT SETTING** – Enter the information of your place of employment; name of the business, 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. **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.
10. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application.

RENEWAL FEES

\$100.00 Renewal fee prior to expiration date.

\$150.00 If your registration has been expired for 90 days or less.

\$200.00 If your registration has been expired for more than 90 days but less than 18 months.

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 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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DO NOT WRITE ABOVE THIS LINE

\$100.00 - RENEWAL APPLICATION FEE PRIOR TO EXPIRATION DATE

\$150.00 - RENEWAL APPLICATION FEE IF YOUR REGISTRATION HAS BEEN EXPIRED FOR 90 DAYS OR LESS

**\$200.00 - RENEWAL APPLICATION FEE IF YOUR REGISTRATION HAS BEEN EXPIRED FOR MORE THAN 90 DAYS
BUT LESS THAN 18 MONTHS**

(FEE IS NON-REFUNDABLE)

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

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Registration Number:

Expiration Date:

3. Date of Birth:

4. Social Security Number:

Month Day Year

See Instruction Sheet for Disclosure Information

5. Email Address:

6. Personal Phone Number:

Ex: john.doe@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

CURRENT EMPLOYMENT INFORMATION

8. Primary Employment Setting:

Business Name: _____

Business

Mailing Address: _____

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

Business Phone No.

Business Fax No.

(include area code)

(include area code)

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

Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

10.

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