



<http://www.dshs.state.tx.us/mold>
 In Texas Only: (800) 572-5548
 Local (512) 834-6600
 Fax: 512-834-6614

FOR DSHS USE ONLY
 BUDGET/FUND: ZZ154-092

Remit #: _____

Remit Date: _____

Mold Assessment Company License Application/Renewal

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

Rcvd Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init _____	Mail Date: _____ Init _____

PLEASE CHECK ONE OF THE FOLLOWING

If renewing: Enter your current license/registration number: _____ Expiration Date: _____

- Corporation
 LLP (Limited Liability Partnership)
 LLC (Limited Liability Company)
 LP (Limited Partnership)
 Sole Owner/Proprietorship
 Partnership
 DBA (Doing Business As)
 NON-PROFIT
 GOVERNMENT ENTITY

_____ ()
 Legal Business Name Telephone Number (include area code)

_____ State Tax Payer's identification number
 DBA Name (if applicable)

_____ City State Zip Code
 Business Mailing Address (include suite #)

 Texas Physical Address (include suite #) *Note: An office in Texas is required as per §295.305(d)

_____ City State Zip Code
 License Mailing Address (include apartment #)

_____ ()
 Responsible Person's Name Responsible Person's License # Responsible Person's Telephone Number

CERTIFICATION: I certify that I am authorized by the company/applicant to make this application and to sign on its behalf. I have read and understand the applicable rules and agree on behalf of the applicant to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

_____ Date
 Signature of Responsible Person

Mailing address for applications containing money:

Department of State Health Services - MC 2003
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

Mailing address for all other mail:

Department of State Health Services – MC2835
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

IMPORTANT INFORMATION

- To avoid late fees a complete application & all required documentation must be postmarked prior to expiration of license.
- You may pay for your license online at <http://www.TexasOnline.com> and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.
- If your license has been lost or stolen, you must submit a duplicate application form and a \$20.00 fee

The following documentation is required for licensure in accordance with §295.313 of the Texas Mold Assessment & Remediation Rules:

Requirements for new or renewal

- 1. License Fee: **Total Cost: \$1,030.00**
- 2. Proof of compliance with the insurance requirement specified in [§295.309](#):
 - a. A copy of your Certificate of Liability Insurance, naming the Department of State Health Services as a certificate holder, and endorsed to provide the department with at least a 30-day notice of cancellation or change.
 - b. If a self-insured non-governmental entity, an affidavit and financial statement, as described in §295.309(a).
 - c. Self-insured governmental entity – not required to purchase insurance.
- 3. The name, address and occupation of each person that has an ownership interest of 10% or more in the company.
- 4. The name and license number of the licensed mold assessment consultant designated as the responsible person for the company, and a current one-inch by one-inch photograph of the face of this individual, on a white background.

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004.)