



<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 Technician License Application/Renewal**

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY		
Rcvd Date: _____ Init. _____	<b>PLACE PHOTO HERE</b>	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____		Expiration Date: _____ Init _____
Rvw Date: _____ Init _____		Print Date: _____ Init _____
Aprv Date: _____ Init. _____		Mail Date: _____ Init _____

**PLEASE COMPLETE THE FOLLOWING**

**If renewing:** Enter your current license/registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant Name: (Last, First, M.I.) \_\_\_\_\_ Social Security # (mandatory under Family Code, Chapter 231.302(c)(1)) \_\_\_\_\_

( \_\_\_\_\_ )  
 Telephone Number (including area code) \_\_\_\_\_ Date of Birth: (month/day/year) \_\_\_\_\_

Applicant's Home Address (include apartment #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Company Affiliation (if applicable) \_\_\_\_\_ Company License # \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

Company Affiliation Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CERTIFICATION:** I certify that I have read and understand the applicable rules and agree 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. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**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 in accordance with §295.311 of the Texas Mold Assessment and Remediation Rules:**

#### **Requirements for a new license**

- 1 License Fee \$206.00
- 2 A current one-inch by one-inch photograph of your face on a white background
- 3 A copy of applicant's certificate of training from a Department-approved training provider for the mold assessment technician course
- 4 A copy of current training identification card
- 5 A copy high school diploma or a GED certificate
- 6 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 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
- 7 Proof of successfully passing the department's examination for Mold Assessment Technician

#### **Requirements for license renewal**

- 1 License Fee: \$206.00
- 2 A current one-inch by one-inch photograph of your face on a white background
- 3 A copy of applicant's current certificate of training from a Department-approved training provider for the mold assessment technician refresher course
- 4 A copy of current training identification card
- 5 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 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

<b>PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD</b>
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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.)