



<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 Remediation Worker License Application/Renewal

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

Rcvd Date: _____ Init. _____	PLACE PHOTO HERE	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 §295.314 of the Texas Mold Assessment and Remediation Rules:

Interim registration: An individual who has successfully completed the mold remediation worker training and received a training certificate may perform mold remediation work allowed under section 295.314 of the Texas Mold Remediation Rules for a period of not more than 30 days from the training date if:

- The individual has submitted this application for registration to the department;
- A copy of the training certificate is present at the work site at all times while the individual engages in mold remediation; and
- The individual is in possession of a valid government-issued photo identification at all times while performing mold remediation work

Requirements for a new license

- 1 License Fee: \$ 64.00
- 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 provided by either their employer or a department-approved training provider for the mold remediation worker course
- 4 Proof of employment statement from applicants employer

Requirements for license renewal

- 1 License Fee: \$64.00
- 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 provided by either their employer or a department-approved training provider for the mold remediation worker course
- 4 Proof of employment statement from applicants employer

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.)