



# Texas Department of Insurance

**Property & Casualty Program – Loss Control Regulation**, Mail Code 103-9A

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-3435 telephone • 512-305-7425 fax • www.tdi.state.tx.us

## LOSS CONTROL REPRESENTATIVE QUALIFICATION REVIEW

Pursuant to *Title 28, Texas Administrative Code, §5.311 and §5.1731, Qualifications of Personnel Providing Loss Control Information and Services*, the following information is required in order to process the review of qualifications. If qualifications are approved, Loss Control Information/Services may be provided to Texas policyholders under the authority of subparagraph three of the above statutes.

### PART I

**INSTRUCTIONS:** Complete **Part I**, Personal Data, and proceed to **Part II**.

#### PERSONAL DATA

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Last First Middle Name Maiden Name

TITLE OR POSITION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
St./P. O. Box City State Zip Code

HOME MAILING ADDRESS: \_\_\_\_\_  
St./P. O. Box City State Zip Code

*Which Address Should Be Used For Correspondence?*

BUSINESS  HOME (check one)

BUSINESS PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_

### PART II

**INSTRUCTIONS:** If qualifying through a professional certification, complete **Section A**. If qualifying through a degree in engineering or science, complete **Section B**. If qualifying through other education, training and/or experience, complete **Section B** and **Section C**. All applicants require signature and date.

#### Section A CURRENT PROFESSIONAL REGISTRATIONS OR CERTIFICATES

Please check appropriate items. Information will be verified through respective organizations.  
**Enclose copy of current membership certificate.**

- ( ) Certified Safety Professional: Certificate No. \_\_\_\_\_
- ( ) Certified Industrial Hygienist: Certificate No. \_\_\_\_\_
- ( ) Registered Professional Engineer: Certificate No. \_\_\_\_\_ State \_\_\_\_\_
- ( ) Other: Certificate No. \_\_\_\_\_ State \_\_\_\_\_

**Section B EDUCATION**

1. COLLEGE EDUCATION If **qualification is based SOLELY ON EDUCATION, ENCLOSE A COPY OF THE COLLEGE TRANSCRIPT.**

A transcript must be available for review, if requested by the Texas Department of Insurance.

<u>College or University</u>	<u>City, State</u>	<u>Attend From/To</u>	<u>Semester Hours Completed</u>	<u>Course/Major</u>	<u>Degree Earned</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. OTHER SAFETY RELATED TRAINING List Insurance & Safety Courses, Correspondence Courses and Organizations. ENCLOSE A COPY OF ANY CERTIFICATES.

<u>Course Name</u>	<u>Institution</u>	<u>Length of When Course</u>	<u>Completed</u>	<u>Certificate of Completion Issued</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section C PROFESSIONAL SAFETY EXPERIENCE RECORD**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
St./PO Box City State Zip Code

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Position or Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name Title Supervisor's current telephone number: \_\_\_\_\_

Percentage of time/month spent on listed safety work: \_\_\_\_\_%

DESCRIPTION OF SAFETY EXPERIENCE List in chronological order with current experience first. **Explicit explanation of actual job performance is REQUIRED.**

*(Document additional employment history and information using copies of format as shown on the following page.)*

I **certify** that the preceding statements, including attachments, are accurate to the best of my knowledge and I authorize the Texas Department of Insurance to verify the information. I understand that any **falsification** of information in this review form, including attachments, may be cause for **rejection** or **withdrawal** of qualification.

Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

Return application to: **Texas Department of Insurance  
 Loss Control Regulation  
 Mail Code 103-9A  
 P. O. Box 149104  
 Austin, Texas 78714-9104**

For further information or questions, contact (512) 322-3435.

