

TEXAS DEPARTMENT OF LICENSING AND REGULATION

PO Box 12157 · Austin, Texas 78711 · (800) 803-9202 · (512) 463-6599 · FAX (512) 475-2871
www.license.state.tx.us · CS.electricians@license.state.tx.us

MASTER SIGN ELECTRICIAN LICENSE APPLICATION INSTRUCTIONS

This completed application is required prior to scheduling your examination. If your application is approved, we will contact the exam provider (PSI) and they will send you a postcard to proceed with scheduling your examination. The exam fee will be paid directly to PSI.

If you've passed the ICC exam prior to 09/01/09 and within two years of filing this application, include a copy of the passing grade notice with your application.

GENERAL INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all items have been submitted as required. All information provided must be typed or printed in black ink using upper case letters. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

If one check will be used to pay for multiple applications, a **Combined Check Worksheet** must be completed and submitted with the applications and payment. The Combined Check Worksheet is available on the Department's website.

PAGE 1 – GENERAL INFORMATION

NAME – Please write your name in the spaces provided. (Last, First, Middle)

SUFFIX – Examples of a suffix include Jr., Sr., and II. (MR is not a suffix.)

DATE OF BIRTH – Write the two digit numeric equivalent (ex: 03 for March) for the month of your birth, followed by the two digit day and the four digit year. (MM/DD/YYYY)

GENDER – Write "M" for Male or "F" for Female.

SOCIAL SECURITY NUMBER – The Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order 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.oag.state.tx.us/child/index or call (512)460-6000 or (800)252-8014.

MAILING ADDRESS – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.

PHYSICAL ADDRESS – This is the physical location of your residence. Do not use a post office box for this address.

TELEPHONE NUMBER – Write the telephone number, including area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

E-MAIL – Please provide your e-mail address. The Department will add your address to the electricians' e-mailing list, which provides information from the Department on matters affecting electricians. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

FAX NUMBER - Write the fax number, including area code where you can receive faxes.

CONVICTION OF CRIMINAL OFFENSE – Indicate if you have ever been convicted of a criminal offense. If yes, complete and attach the Criminal History Questionnaire for each conviction. This form can be obtained from the TDLR website.

LICENSE SANCTIONS – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state, county or municipality. If you have, complete and attach the Disciplinary Action Questionnaire for each sanction. This form can be obtained from the TDLR website.

LICENSE REQUIREMENTS

You must have at least 12,000 hours of on-the-job training under the supervision of a Master Electrician or Master Sign Electrician prior to taking the exam. When your experience has been approved, PSI will contact you on how to schedule your exam.

The employment history portion of the application must include the full 12,000 hours.

An Experience Verification Form is required for each employer and must be signed by the supervising Master Electrician or Master Sign Electrician.

STATEMENT OF APPLICANT

Before you sign, carefully read the statement at the bottom of the application. Be aware that information provided on this application and any attachments is subject to audit. Providing false information may result in revocation of this license and the imposition of administrative penalties.

EMPLOYMENT HISTORY

- If you are applying for licensure by experience and exam, you will need to complete all portions of the employment history indicating your 12,000 hours under the supervision of a Master Electrician or Master Sign Electrician. All areas of this document must be completed.

An Experience Verification Form or letters on company letterhead must be completed and signed by the Supervising Master Electrician or Master Sign Electrician. This form along with the Employment History portion of the application must coincide.

- If you are licensed as a Master Sign Electrician by a municipal or regional licensing authority, you do not need to provide any experience with this application. Include a copy of your Master Sign Electrician license issued by the municipal or regional licensing authority. You must also include the "Discontinued Municipal or Regional Licensing Program Form".

FEE

The fee for this license is **\$50**. Please send one check or money order for the total amount due, payable to TDLR. Fees and documents should be mailed to:

TDLR
PO BOX 12157
AUSTIN, TEXAS 78711

PLEASE COMPLETE THE APPLICATION IN BLACK INK.
ANY DEVIATION FROM THESE REQUIREMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

DOCUMENTS SUBMITTED WITH THE APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED APPLICATION, ALL ATTACHMENTS AND YOUR CHECK.



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APPLICATION FOR:

MASTER SIGN ELECTRICIAN LICENSE APPLICATION

PURSUANT TO TITLE 8, OCCUPATIONS CODE, CHAPTER 1305

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 5 columns: FEE, RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$50.00

DO NOT WRITE ABOVE THIS LINE

You must submit this completed application to TDLR before scheduling your examination. If your application is approved, we will contact the exam provider (PSI) and they will send you a postcard to schedule your exam.

YOU MUST MEET ALL OF THE REQUIREMENTS FOR YOUR LICENSE WITHIN TWELVE (12) MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE CLOSED.

1. Full Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth:

3. Female Male

4. Social Security No.:

See Note 1 on instructions

5. Mailing Address : (USED FOR ALL CORRESPONDENCE INCLUDING MAIL SENT BY EXAM PROVIDER - PSI)

(P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No. or P.O. Box

City State Zip Code Area Code Phone Number

Physical Location :

(P.O. Box is NOT allowed for this address.)

Number, Street, Suite No., or Apt. No.

City State Zip Code Area Code Phone Number

Fax Number and Email Address:

FAX Number: Area Code Phone Number E-mail Address (Ex: johndoe@aol.com) See Note 2 on instructions

6. Have you ever been convicted of a criminal offense?

Yes No

If YES, attach a "Criminal History Questionnaire" to this application. Include all felonies and misdemeanors other than minor traffic violations.

Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? (This does NOT include a driver's licenses.)

Yes No

If YES, attach a "Disciplinary Action Questionnaire" to this application.

THIS FORM CONSISTS OF 4 PAGES.

LICENSE REQUIREMENTS

To qualify for a Master Sign Electrician License, you must meet either A or B below:

A.

- Passed the Texas Master Sign Electrician Exam,
- completed at least 12,000 hours of on-the-job training under the supervision of a master or master sign electrician.

Completed application will also include the Experience Verification Form (or letters from previous supervisors) and the Employment History portion of the application.

The above requirements (excluding the exam) must be **complete** prior to taking your examination.

OR

B.

- Held a Master Sign Electrical License issued by a Texas municipality or region that has elected to discontinue issuing or renewing licenses. (Held the municipal or regional license for the preceding year; and submit this application under this chapter within 90 days of the date the municipality or region stops issuing or renewing licenses.)

The Discontinued Municipal or Regional Licensing Program Form must be completed and attached to this application.

STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Electrician Act; Texas Occupation Code, Chapter 1305 and Chapter 51; Tex. Admin. Code, Chapter 60; and the Electricians Administrative Rules, Tex. Admin. Code, Chapter 73.

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.

Date Signed

Signature of Applicant

Applicant's Name: _____ **Social Security #** _____ - _____ - _____

EMPLOYMENT HISTORY

Indicate below your employment history for each employer. You can make additional copies of this form and attach them if needed.

For each employment period, you must provide either a letter from the Master or Master Sign Electrician who supervised your on-the-job training, or a completed Experience Verification Form.

Note: To avoid delay in processing your application, the following sections AND the attached documentation must be completed.

Employer:	Employer's Telephone No. ()
Address:	City, State, Zip
Master's / Master Sign's License/Cert. #:	Master's / Master Sign's Name:
Issuing Jurisdiction:	
Starting Date: Leaving Date:	Total Years or Hours of Experience:

Describe job duties performed:

Employer:	Employer's Telephone No. ()
Address:	City, State, Zip
Master's / Master Sign's License/Cert. #:	Master's / Master Sign's Name:
Issuing Jurisdiction:	
Starting Date: Leaving Date:	Total Years or Hours of Experience:

Describe job duties performed:

ELECTRICIAN EXPERIENCE VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY A PERSON QUALIFIED TO VERIFY ELECTRICIAN EXPERIENCE.

Name of Applicant _____

Master / Master Sign
Electrician's Name _____ Phone Number _____

Company Name _____

List the license type that you currently hold or
have previously held: _____ List the state, county, or municipality
that issued this license: _____

(Copy or verification of license is required.)

License Number: _____ Effective
Date: _____ Expiration
Date: _____

Did you supervise the electrical work of the applicants
during the period you are verifying?
Yes No

Did the applicant hold a valid license during the
period you are verifying ?
Yes No

If yes, what type of license ?

Amount of on the job training completed by applicant: Years _____ Months _____

DESCRIBE THE ELECTRICAL WORK PERFORMED: _____

**BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMA-
TION ON THIS FORM IS TRUE AND CORRECT.**

Master's / Master Sign's Signature _____ **Date**