

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 · electricians@license.state.tx.us

RESIDENTIAL APPLIANCE INSTALLER LICENSE APPLICATION INSTRUCTIONS

(Note: The instructions and application also apply to pool-related electrical maintenance technicians.)

This completed application is required prior to scheduling your Texas 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 Texas 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/blue ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip (and not staples) to fasten all pages together, with the check or money order for the exact amount on top. .

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.

GENERAL INFORMATION

NAME – Write your name in the spaces provided. (Last, First, Middle and Suffix) (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 – Indicate your gender.

SOCIAL SECURITY NUMBER Note 1 - 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. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application. 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, which includes postcards regarding your PSI exam information. Indicate the number and street, or post office box of your mailing address.

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.

FAX NUMBER – If you have access to a fax machine, write the fax number, including area code, where the department can fax documents to you.

E-MAIL Note 2 - Please provide your e-mail address. The Department will add your address to the electricians' e-mail notification 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. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>

CRIMINAL HISTORY INFORMATION - Indicate if you have ever been convicted of a criminal offense. If yes, complete and attach the Criminal History Questionnaire and any attachments for each conviction. This form can be obtained from the TDLR website.

OCCUPATIONAL LICENSE QUESTION – Indicate if you have ever had a business license, certification or registration suspended, revoked or denied in any state. If yes, complete and attach the Disciplinary Action Questionnaire. This form can be obtained from the TDLR website. Note: An occupational license is a license, certification, or registration that authorizes the holder to perform certain occupational duties. (Example: Master Electrician) A Class C Driver's license is NOT considered an occupational license.

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 denial or revocation of this license and the imposition of administrative penalties.

FEES

The fee for this application is \$40. Please send one check or money order for the total amount due, payable to TDLR. Mail fees, application and documents to: TDLR, PO BOX 12157, AUSTIN, TX 78711.

Documents submitted with the application will not be returned. Keep a copy of the completed application, all attachments and your check. Do not submit forms that you did not have to complete.



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APPLICATION FOR:

RESIDENTIAL APPLIANCE INSTALLER 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, \$40.00

DO NOT WRITE ABOVE THIS LINE

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

4. Social Security No.: See Note 1 on instructions

5. Mailing Address : (USED FOR ALL CORRESPONDENCE) (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., Apt. No. or P.O. Box 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. If YES, attach a "Disciplinary Action Questionnaire" to this application. Yes No

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