



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.license.state.tx.us - CS.Electricians@license.state.tx.us

APPLICATION FOR:

Texas Residential Appliance Installation Contractor 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, \$125.00

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

IF ALL REQUIREMENTS FOR A LICENSE ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Name of Business:

2. Other Names: (attach a separate sheet if necessary)

3. Telephone Number:

4. Fax Number:

5. Federal ID Number: (Information regarding the Federal/Employer ID # may be obtained through this web page: http://www.irs.gov/businesses)

6. Mailing Address:

Number, Street, Suite No., Apt. No. (P.O. Box is allowed for this address.)

City State Zip Code

Physical Location:

(Business Address) Number, Street, Suite No., Apt. No.

City State Zip Code

7. Contact Information:

Last Name

First Name

Middle Initial

Suffix (JR, SR, III)

Telephone Number

Email Address (johndoe@aol.com for example) See Note 1

8. Business Structure:

- Corporation, Sole Proprietorship, Partnership, Limited Liability Company, Limited Liability Partnership, Other (attach a description)

9. General Liability Insurance: (Choose one of the following.)

I have general liability insurance as required by the Electricians Administrative Rules, Texas Administrative Code, Chapter 73, Section 73.40.

OR

I have no coverage.

This form consists of 2 pages.

10. Workers Compensation Insurance: (Choose one of the following.)

I have worker's compensation insurance.

* I have self-insurance.

* I do not have worker's compensation insurance.

* See instructions for additional information.

STATEMENT OF INSTALLER

11. Do you own more than 50% of this residential appliance installation contractor business ? YES NO

I agree to assign my license to this contractor and certify that I will comply with all applicable provisions of the Texas Electrical Safety and Licensing Act; Texas Occupations 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 the revocation of my Residential Appliance Installer license and this Contractor license and the imposition of administrative penalties.

Installer Signature _____ Date _____

Printed Name _____ Installer Social Security Number _____ — _____ — _____

NOTICE REGARDING APPLICABLE FEES

- 12.** If you submit an insufficient fee amount with this application, it may be returned to you.
All fees are required to be submitted with this application. A license fee of **\$125.00** is required.
Application fees are NOT refundable

STATEMENT OF OWNER

13. I certify that I will maintain the required insurance and I will comply with all applicable provisions of the Texas Electrical Safety and Licensing Act; Texas Occupations 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 revocation of the license I am requesting and the imposition of administrative penalties.

Owner Signature _____ Date _____

Printed Name _____

NOTE 1: The Department will add your address to the Electricians email notification list, which automatically provides information from the Department on matters affecting Electricians. Your email 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>.

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RESIDENTIAL APPLIANCE INSTALLATION CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

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 clearly printed in black ink using upper case letters. This application and all 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 for the exact amount on top. **Please 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.

BUSINESS NAME – Full name the business is operating under. (40 characters maximum.)

OTHER NAMES – List any assumed names or DBA's for this business on a separate sheet of paper.

TELEPHONE NUMBER – Write the area code and telephone number of the business.

FAX NUMBER – Write the area code and fax number of the business.

FEDERAL ID NUMBER – Provide the federal ID number that is used by the business.

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 address is the actual location of the business. If this address is the same as your mailing address, you may write SAME. A post office box will not be accepted as a physical address.

CONTACT INFORMATION

CONTACT NAME – Please write your name (last, first, middle initial) in the spaces provided.

TELEPHONE NUMBER – Write the area code and telephone number of the contact person. If this number is the same as the business number, you may write SAME.

E-MAIL ADDRESS – Write the e-mail address of the contact person. The Department will add your address to the electricians' e-mailing list, which provides information from the Department on matters affecting residential appliance installation contractors. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

BUSINESS STRUCTURE – Indicate in the box provided how the business is organized. Use the following values:

1	Corporation
2	Sole proprietorship
3	Partnership
4	Limited Liability Company
5	Limited Liability Partnership
6	Other (attach a description)

LIABILITY INSURANCE – You must indicate that you have the minimum liability insurance required by law and rule. Answer this question by checking the appropriate box.

Insurance shall be indicated by checking the appropriate box on the application. Insurance is required by Section 73.40 of the Electrician rules and failure to maintain insurance or failure to provide a certificate of insurance when requested is grounds for administrative penalties and license sanctions.

Residential appliance installation contractors are required to maintain at least the minimum general liability insurance coverage at all times to satisfy proof of financial responsibility. The insurance must:

- (1) be at least \$300,000 per occurrence (combined for property damage and bodily injury);
- (2) be at least \$600,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage); and
- (3) be at least \$300,000 aggregate for products and completed operations.

Insurance must be obtained from an admitted company or an eligible surplus lines carrier, as defined in the Texas Insurance Code, Article 1.14-2, or other insurance companies that are rated by A.M. Best Company as B+ or higher.

WORKERS' COMPENSATION INSURANCE – Indicate in the box provided the manner in which you have satisfied the Workers' Compensation Insurance requirement. Use the following values:

1	Have Insurance Coverage (Attach certificate of coverage)
2	Self Insured (see below)
3	No Coverage (see below)

Insurance shall be indicated by checking the appropriate box on the application. Insurance is required by Section 73.40 of the Electrician rules and failure to maintain insurance or failure to provide a certificate of insurance when requested is grounds for administrative penalties and license sanctions.

1. Carry Workers' Compensation Insurance. Insurance must be obtained from an admitted company or an eligible surplus lines carrier, as defined in the Texas Insurance Code, Article 1.14-2, or other insurance companies that are rated by A.M. Best Company as B+ or higher.
2. The Self-Insurance program administered by TWCC is limited to larger-size employers. Employers must show a manual premium of at least \$500,000 in Texas or \$10,000,000 nationally, post a minimum security deposit of \$300,000, in addition to other substantive

requirements in order to be approved as a Certified Self-Insurer. Generally, companies with less than two hundred employees will not meet the above criteria.

For further information or to request an Initial Application Packet, please contact TWCC Self-Insurance Regulation by calling (512) 804-4775 or faxing (512) 804-4776 during normal business hours of 8-5 Monday through Friday CST.

**Self-Insurance Regulation
Texas Workers' Compensation Commission
7551 Metro Center Drive, MS-60
Austin, Texas 78744-1609**

3. No workers' compensation coverage Subchapter A, Chapter 406, Labor Code and the rules of the Texas Workers' Compensation Commission provide for employers to not have workers' compensation coverage. A TWCC-5 form is filed with and can be obtained by calling TWCC forms management at (512) 804-4990 or the form and related instructions can be downloaded at the following link: <http://www.twcc.state.tx.us/forms/gentoc.html> (scroll down to the middle of the page for the TWCC-5). Contact TWCC at (512) 804-4636 for additional information.

INSTALLER AND OWNER SIGNATURE - An applicant for a license as a Residential Appliance Installation Contractor must be licensed in Texas as a Residential Appliance Installer or employ a person licensed in Texas as a Residential Appliance Installer.

DO YOU OWN MORE THAN 50% OF THIS CONTRACTING BUSINESS? Check the appropriate box to answer this question.

A person who holds a Residential Appliance Installation license issued under this chapter may only be assigned to a single Residential Appliance Installation Contractor, unless the Residential Appliance Installer owns more than 50 percent of the residential appliance installation contracting business.

NAME, LICENSE NUMBER AND SIGNATURE OF RESIDENTIAL APPLIANCE INSTALLER – Enter the name, signature and license number as they appear on the license form issued by the Texas Department of Licensing and Regulation.

OWNER SIGNATURE, PRINTED NAME AND DATE – Sign the application, print your legal name and date the application. The owner may be an officer of the business.

FEES

The fee for this application is \$125. Please send one check or money order for the total amount due, payable to TDLR. Mail fees, application and documents to: TDLR, PO BOX 13489, AUSTIN, TX 78711.

Please remember that the application must be completed in black ink and all attachments must be submitted on separate pieces of single-sided, 8 ½" X11" paper. Please use a paperclip to fasten all pages together. Do not use staples. Any deviation from these instructions 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. Do not submit forms that you did not have to complete.