

## ELECTRICAL CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED.**

### GENERAL INSTRUCTIONS

The application must be completed and signed by the applicant. All information provided must be typed or clearly printed in black ink using upper case letters. The application and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" plain paper. Please use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples, use only plain paper.**

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.

OTHER NAMES – List any assumed names or DBA's for this business.

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 in the spaces provided. (last, first, middle initial)

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 this address to the electricians' e-mail list, which provides information from the Department on matters affecting electricians. The e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

MAILING ADDRESS – Write the mailing address of the contact person. If this address is the same as your business mailing address, you may write SAME.

LIABILITY INSURANCE - You must attach proof of the minimum liability insurance required by law and rule. Answer this question by checking the appropriate box and be certain to include proof of insurance when you file your application.

### LIABILITY INSURANCE DOCUMENTATION

Electrical 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.

Proof of the required general liability insurance may be submitted on an industry standard certificate of insurance form with a 30 day cancellation notice. 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.

**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

**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 insurance)
2	Self Insured (Attach documentation required below)
3	No Coverage pursuant to Chapter 406 Labor Code (Attach documentation required below)

**WORKERS' COMPENSATION INSURANCE DOCUMENTATION**

To satisfy the requirement for Workers' Compensation Coverage you must choose one of the following and provide the required documentation:

1. Carry Workers' Compensation Insurance. Proof of the required workers' compensation insurance can be submitted on an industry standard certificate of insurance form with a 30 day cancellation notice. 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. Be Self-Insured. You must submit a Certificate of Self-Insurance which is provided by the Texas Workers' Compensation Commission. Please contact Self-Insurance Regulation by calling (512) 804-4775 or faxing (512) 804-4776 during normal business hours of 8-5 Monday through Friday CST for further information or to request an Initial Application Packet.

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

3. Elect not to obtain 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. You must attach a copy of your most recently filed annual form TWCC-5.

MASTER ELECTRICIAN ASSIGNED TO THIS CONTRACTOR

An applicant for a license as an electrical contractor must be licensed in Texas as a master electrician or employ a person licensed in Texas as a master electrician.

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

A person who holds a master electrician license issued under this chapter may only be assigned to a single electrical contractor, unless the master electrician owns more than 50 percent of the electrical contracting business.

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

OWNER SIGNATURE, PRINTED NAME AND DATE – Sign the application, print your legal name and date the application.

**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, 8½" x 11" 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.

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