



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Industrialized Housing & Buildings Program

P.O. Box 12157 Austin, Texas 78711 (512)463-7353 (800)803-9202 FAX (512)475-4364
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APPLICATION FOR REGISTRATION DESIGN REVIEW AGENCIES AND THIRD PARTY INSPECTION AGENCIES

Pursuant to the Texas Occupations Code, Chapter 1202, Industrialized Housing and Buildings
A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH REGISTRATION

PLEASE TYPE OR PRINT

1. NAME OF BUSINESS TO BE LICENSED:

2. E-MAIL ADDRESS (not required): 3. CONTACT NAME (required):

4. PHYSICAL BUSINESS ADDRESS: 5. COUNTY

NUMBER AND STREET CITY STATE ZIP

6. BUSINESS MAILING ADDRESS:

NUMBER AND STREET CITY STATE ZIP

7. PHONE NUMBER: 8. FAX NUMBER: 9. BUSINESS TYPE (Check One):
 Corporation Partnership Sole Proprietor

10. FEDERAL TAX ID NUMBER: 11. BIRTH DATE (Sole Proprietor only):

12. For what type of registration are you applying? (Check one)
 Design Review Agency - \$300 Third Party Inspection Agency - \$150

13. Late renewal fees – if registration has expired then an **additional** late renewal fee is required.
Registration expired 90 days or less: Design Review Agency - \$150 Third Party Inspection Agency - \$75
Registration expired < 1 year, but over 90 days: Design Review Agency - \$300 Third Party Inspection Agency - \$150

14. List Corporate Officers or Partners. List the name, title, birth date and percentage of ownership for each (attach an additional sheet if necessary):

Name (full name)	Title	Birth Date	% of Ownership (partnerships)

15. Check if registration is new or if it is a renewal: NEW RENEWAL If renewal, enter registration number: _____
16. If new registration, did you attach documentation to show compliance with the criteria for approval of design review agencies or third party inspection agencies in accordance with Department rules 70.22 or 70.23? YES NO
17. If renewal registration, did you attach a copy of an up to date organization chart in accordance with Department rule 70.21? Did you attach copies of documentation showing that code certifications required by criteria for approval are current with the International Code Council? Participation in the ICC Renewal Program or Certification Maintenance Program is required to keep an ICC code certification current. YES NO

Application is continued on back of form. Signature of applicant is required on back of form. For partnership the applicant's signature must be a managing partner. For a corporation the applicant's signature must be an officer of the corporation.

18. Do you owe any taxes to the State of Texas? YES NO

19. Have you or a corporate officer or a partner ever been convicted of or pleaded guilty or no contest (nolo contendere) to a MISDEMEANOR or FELONY, other than a minor traffic violation, or is there any such charge now pending? YES NO

If you answered yes to item #19, then please answer the questions at the bottom of this page.

I certify that I have read the Occupations Code, Chapter 1202, and the current Department of Licensing and Regulation rules promulgated thereunder. If the registration is issued, I agree to furnish to the Department of Licensing and Regulation any change in information on this form and all attached documents within TEN (10) DAYS of the change.

Registration is subject to revocation if the department is not notified, in writing, of any changes in the information given on this application or if there is a rule or law violation.

With knowledge of the penalties for false statements, I certify that I believe all information submitted on this form and on all attached documents is true and correct.

Signature of Applicant, **Managing Partner**, or Officer if Incorporated Date

Applicant's Name Printed

If you answered yes to item #19, please complete the following in the spaces provided or attach a separate sheet with your answers:

1. Crime you were convicted of: _____

Date of conviction: _____ Case number: _____

County where convicted: _____ Court where convicted: _____

2. What is your probation or parole status? (Include specific conditions, if applicable, and the name and phone number of your reporting officer).

3. List your work activities since the conviction:

4. If applicable please provide the following:
(if not applicable enter N/A)

a. Certified copy of indictment or information: _____

b. Certified copy of judgment and sentence: _____

c. Certified copy of the order of probation: _____

d. Certified copy of the order revoking probation: _____

_____ Signature of person approving registration	_____ Date
DEPARTMENT USE ONLY	