TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

ELECTRICAL OR ELECTRICAL SIGN CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. CHECKS OR MONEY ORDERS PAYABLE TO TDLR.

1. LICENSE TYPE - Check the license type you are applying for.
2. BUSINESS NAME - Provide the full name of your business as it will appear on your license. (40 characters maximum)
   - If there is more than one business name, an assumed name certificate is required. If your business is incorporated, contact the Texas Secretary of State's office for a certificate. If your business is not incorporated, contact your local county clerk's office. NOTE: The certificates are not required by TDLR. This is only required for your records.
   - List the full assumed names or DBA's for this business on the certificate of liability Insurance form. The name/assumed business name on the certificate of liability must match the name on the application.
   - Assumed names will NOT print on the actual license.
   - All business names will be listed on the TDLR website.
3. FEDERAL ID NUMBER - Provide the federal ID number that is used by your business. Information about Federal or Employer ID numbers can be found at: ***IRS.GOV***.
4. MAILING ADDRESS - Provide your current business mailing address. This is the address where we can send you mail. A post office box can be used. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
5. PHYSICAL ADDRESS - Provide the physical address (location) of your business. Do not use a post office box.
6. PHONE NUMBER - Provide a telephone number, including the area code where we can reach you during the day or where we can leave you a message.
7. EMAIL ADDRESS - Provide your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
8. POINT OF CONTACT - Provide the contact information of a person we can contact about your business. See item 8 for email address disclosure information.
9. TYPE OF OWNERSHIP - Check the box that indicates how the business is legally organized. For a description of various types of businesses, visit the ***Texas Secretary of State***. Complete requested information for all owners, officers, directors and registered agents of the business. Social Security Number Disclosure: Your Social Security Number is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license and is subject to disclosure to an agency authorized to assist in the collection of child support payments.
10. GENERAL LIABILITY INSURANCE - You must attach proof that your business has the minimum liability insurance required by law and rule. A certificate of insurance must be attached to your application. Electrical contractors are required to have at least the minimum general liability insurance coverage at all times to satisfy proof of financial responsibility. The insurance must:
    - be at least $300,000 per occurrence (combined for property damage and bodily injury);
    - be at least $600,000 aggregate (total amount the policy will pay for property damage and bodily injury); and
    - be at least $300,000 aggregate for products and completed operations.

Proof of your 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.

11. WORKERS' COMPENSATION INSURANCE - Check the box that identifies how you have satisfied the Workers' Compensation Insurance requirement.

    - I have workers' compensation insurance: Proof of 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, Arti- cle 1.14-2, or other insurance companies that are rated by A.M. Best Company as B+ or higher.

    - I have self-insurance: The Self-Insurance program administered through the Texas Department of Insurance, Division of Workers' Compensation (DCW) 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 $300,0000, in addition to other substantive requirements in order to be approved as a Certified Self- Insurer. **Generally, companies with less than 200 employees will not meet the above criteria.**

      For more information or to request an initial application packet, contact Division of Workers' Compensation Self-insurance Regulation by calling (512) 804-4345 or faxing (512) 804-4346 during normal business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday CST.

      Self-Insurance Regulation
      Texas Department of Insurance Division of
      Workers' Compensation 7551 Metro Center
      Drive Suite 100, MS-96 Austin, Texas 78744-1609

    - I do not have workers' compensation insurance: Subchapter A, Chapter 406, Labor Code and the rules of the Texas Department of Insurance provide for employers to not have worker's compensation insurance. Employers who elect to not provide workers' compensation insurance for their employees must file an notice of no coverage with the Texas Department of Insurance through their online reporting tool for non-subscribers called ***Employer E-File.***
      For more information, contact Division of Workers' Compensation at ***coverage.verification@tdi.texas.gov*** or by calling (512) 804-4345 or faxing (512) 804-4346 during normal business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday CST.

12. TEXAS MASTER ELECTRICIAN/MASTER SIGN ELECTRICIAN ASSIGNED TO THIS CONTRACTOR - This section must be completed by the master electrician or master sign electrician.

    * An Electrical Contractor can ONLY have a master electrician assigned to the electrical contractor.
      - An applicant for an **electrical contractor license** must be:
        - licensed in Texas as a master electrician **or**
        - employs a person licensed in Texas as a master electrician.
    * An Electrical Sign Contractor can have EITHER a master electrician or master sign electrician assigned to the electrical sign contractor.
      - An applicant for an **electrical sign contractor license** must be:
        - licensed in Texas as a master electrician or master sign electrician **or**
        - employs a person licensed in Texas as a master electrician or master sign electrician.
    * Do you own more that 50 percent of this contracting business? - Check YES or NO to this question.
      - A person who holds a Texas master electrician or master sign electrician license can 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, date, and signature of master electrician/master sign electrician - Sign this section, print your name and license number as it appears on your master electrician/master sign electrician license issued by TDLR.

13. STATEMENT OF OWNER - Carefully read the statement before signing and dating your application. This section can be completed by an officer of the business.

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ELECTRICAL OR ELECTRICAL SIGN CONTRACTOR LICENSE APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN TWELVE MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: $110 (FEE IS NON-REFUNDABLE)

1. License Type:

☐ **ELECTRICAL CONTRACTOR** OR ☐ **ELECTRICAL SIGN CONTRACTOR**

A separate application must be completed for EACH separate license type.

2. Business Name: (as it will appear on your license, 40 character limit) See instruction sheet for more information

_____

3. Federal ID Number: See instruction sheet

_____

4. Mailing Address: (PO box can be used for this address)

Number, Street Name, Ste/Apt #	City	State	Zip Code + 4

5. Physical Address: (PO box cannot be used for this address)

Number, Street Name, Ste/Apt #	City	State	Zip Code

6. Phone Number:

_____

(Area Code) Phone Number

7. Email Address:

_____

Email address (ex: johndoe@gmail.com) (See Instruction sheet for disclosure information)

8. Point of Contact:

_____

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

_____ (Area Code) Phone Number

_____ Email Address (Ex: johndoe@gmail.com) See instructions sheet for disclosure information

9. COMPLETE THE APPROPRIATE SECTION BELOW FOR THE BUSINESS.
INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.

For information on file number, visit the ***Texas Secretary of State (SOS)***. The Federal Employer Identification Number (FEIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the Internal Revenue Service (IRS).

☐ **Sole Proprietor:** (One individual)

Last _____ First _____ Middle _____ Suffix (Jr., Sr., III) _____

Social Security Number or Federal Tax Identification Number: _____

Owner Date of Birth: _____ MM/DD/YYYY

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4 _____

☐ **Partnership:** (Two or more individuals) (For Additional Partners Complete Another Sheet)

Name of Partner #1: _____

Social Security Number or Federal Tax Identification Number: _____

Owner Date of Birth: _____ MM/DD/YYYY

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4 _____

Name of Partner #2: _____

Social Security Number or Federal Tax Identification Number: _____

Owner Date of Birth: _____ MM/DD/YYYY

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4 _____

FOR ADDITIONAL PARTNERS COMPLETE ANOTHER SHEET

☐ **Corporation:** (example Corporation, LLC, LP, LLP)

Name of Business Entity: _____

Federal Tax ID (FEIN): _____

Texas SOS File #: _____

Phone Number: _____ (Area Code) Phone Number

Email Address: _____ (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

_____ Street Number & Name Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4

List all officers, directors and registered agents of the corporation. (Use additional sheets, if necessary.)

Name:

_____ Last _____ First _____ Middle _____ Suffix (Jr., Sr., III)

Gender: ☐ Male ☐ Female

Date of Birth: _____ MM/DD/YYYY

Social Security Number: _____

Position or Title: _____

Phone Number: _____ (Area Code) Phone Number

Name:

_____ Last _____ First _____ Middle _____ Suffix (Jr., Sr., III)

Gender: ☐ Male ☐ Female

Date of Birth: _____ MM/DD/YYYY

Social Security Number: _____

Position or Title: _____

Phone Number: _____ (Area Code) Phone Number

10. General Liability Insurance:

Electrical contractors are required to satisfy proof of financial responsibility by maintaining general liability insurance coverage as stated below:

(a) **at least** $300,000 per occurrence (combined for property damage and bodily injury);
(b) **at least** $600,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage);
(c) **at least** $300,000 aggregate for products and completed operations.

A certificate of insurance **must** be attached to your application. The name/assumed business name on the certificate of liability insurance must match the business name on your application. See instructions sheet for more information.

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

☐ I have workers' compensation insurance

☐ I have self-insurance.

☐ I do not have workers' compensation insurance

See instructions sheet for more information

12. ELECTRICIAN ASSIGNED TO THIS CONTRACTOR

THIS SECTION MUST BE COMPLETED BY A MASTER ELECTRICIAN OR MASTER SIGN ELECTRICIAN

Do you own more than 50 percent of this electrical/electrical sign contractor business? ☐ **Yes** ☐ **No**

* An Electrical Contractor can ONLY have a master electrician assigned to the electrical contractor.
  - An applicant for an **electrical contractor license** must be:
    - licensed in Texas as a master electrician **or**
    - employs a person licensed in Texas as a master electrician.

* An Electrical Sign Contractor can have EITHER a master electrician or master sign electrician assigned to the electrical sign contractor.
  - An applicant for an **electrical sign contractor license** must be:
    - licensed in Texas as a master electrician or master sign electrician **or**
    - employs a person licensed in Texas as a master electrician or master sign electrician.

I agree to assign my license to this contractor and certify that I will comply with all applicable provisions of Texas Electrical Safety and Licensing Act; Texas Occupations Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in the revocation of my electrician license and this contractor license and the imposition of administrative penalties.

Print Name _____ Assigned Electrician License Number _____

Assigned Electrician Signature _____ Date Signed _____

13. STATEMENT OF OWNER

I certify that I will maintain the required insurance and I will comply with all applicable provisions of Texas Electrical Safety and Licensing Act; Texas Occupations Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in the revocation of the license I am requesting and the imposition of administrative penalties.

Printed Name _____

Applicant Signature _____ Date _____