



**Texas Department of State Health Services  
Professional Licensing and Certification Unit  
Code Enforcement Officer Registration Program**

Mail Code 1982, P.O. Box 149347  
Austin, Texas 78714-9347  
(512) 834-4512

Budget: ZZ103  
Fund: 154

Applicants are encouraged to read the Code Enforcement Officer Act and the rules before filling out this application. Please complete this application and return it with the required non-refundable application fee.

**INSTRUCTIONS**

- Be sure to answer all questions.
- If you are applying for Code Enforcement Officer, you must complete Forms A,B,C.
- If you are applying for Code Enforcement Officer in Training, you must complete Forms A, B, and D.
- If you are applying for Code Enforcement Officer in Training and would like to apply less than one year of experience towards your one year of experience requirement, you must complete Forms A, B, C, and D.

**FEES**

- Code Enforcement Officer, Two Year License Fee: \$111
- Code Enforcement Officer in Training, One Year License Fee: \$57

Attach application fee to the upper left hand corner of this application. Also note that the application fee covers the initial licensing fee. The Department of State Health Services (DSHS) will only accept guaranteed funds in the form of certified checks, cashier's checks, or money orders. Checks from state agencies, municipalities, counties or other political subdivisions of the state are also acceptable.

Personal checks will not be accepted.

**NOTARIZED TRANSCRIPTS**

Attach a notarized copy of your G.E.D, high school diploma, college degree, or transcript. Notarized copies are exact copies of unaltered original documents notarized by a notary public. Only notarized copies will be accepted.

**TEEX TRAINING COURSE**

- If you have completed the Basic Code Enforcement Officer Training offered by Texas Extension Engineering Service (TEEX) at Texas A&M University, attach a notarized copy of your TEEX Certificate.
- If not, please be aware that you will need to send a notarized copy of your certificate once you have completed the course before your registration will be issued.

**EXAMINATION**

- Once DSHS has received your completed Code Enforcement Officer Registration application, we will review your file to determine that you are eligible to test.
- Upon approval, DSHS will then send you an examination admission letter along with detailed information on the examination and scheduling procedures, including how to pay the \$50 examination fee to Pearson VUE.
- You must present this admission letter to the examination proctors on the day of the examination.

**YOU WILL NOT BE ADMITTED TO THE EXAMINATION WITHOUT PRIOR APPROVAL FROM DSHS.**

For further information on the Code Enforcement Officer Registration Program, and copies of forms, please visit our website at <http://www.dshs.state.tx.us/code>

**PRIVACY NOTIFICATION**

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)



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Code Enforcement Officer Registration Application

- Code Enforcement Officer (complete forms A-C)
Code Enforcement Officer in Training (complete forms A-D)
PREFERRED MAILING ADDRESS: (Check only one) HOME EMPLOYER

APPLICANT INFORMATION

- 1. Applicant's Name (Last, First, Middle, Maiden)
2. Date of Birth, 3. Place of Birth
4. Social Security Number
5. Residence Address (Street or Box Number, City, State, Zip)
6. Telephone No. (Include Area Code): Home, Fax#

CURRENT EMPLOYMENT INFORMATION

- 7. Primary Employment Setting
Place of Employment:
Address (Include Zip Code):
Telephone No. (include Area Code): Fax No:
Job Title:
Date of Employment: From (Mo/Yr) To: Present

- 8. Primary Employment Setting
Circle the number of category of employment in which you spend the majority of your time.
(Circle one only)

- 0. Not Employed
1. Zoning Ordinances
2. Sign Regulations
3. Home Occupations
4. Housing Codes and Ordinances
5. Building Abatement
6. Nuisance Violations
7. Abandoned Vehicles
8. Junk Vehicles
9. Health Ordinances
10. Basic Processes of Law



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**PRIOR WORK EXPERIENCE**

9. List previous positions held in the field of code enforcement. Begin with your last position (answer "NO" if your current position is the only time you have been employed in the code enforcement field. Attach additional pages if necessary.

Job Title	Employer's Name & Address	From (Mo/Yr)	To (Mo/Yr)
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Previous Employment

10. A. Have you ever been denied a license, registration, or certificate? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, briefly state the reason(s): \_\_\_\_\_

B. Have you ever been registered by the DSHS Code Enforcement Officer Registration Program? YES \_\_\_ NO \_\_\_  
If YES, give registration number, and name if different from #1. \_\_\_\_\_

11. List other state registrations and certifications held. \_\_\_\_\_

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12. Have you ever had your license(s), registration(s), or certificate(s) revoked, canceled, or suspended?  
YES \_\_\_ NO \_\_\_ If YES, briefly state the reason(s): \_\_\_\_\_

13. Have you ever been convicted of a felony or a misdemeanor? YES \_\_\_ NO \_\_\_ If YES, provide:  
Date of Conviction: \_\_\_\_\_ Where Convicted: \_\_\_\_\_  
Charge: \_\_\_\_\_  
If conviction was set aside, give date and explain using additional pages if necessary:  
\_\_\_\_\_



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PLEASE READ CAREFULLY

In making application to the Code Enforcement Officer Registration Program for the issuance of a registration, I have read and agree to abide by the Code Enforcement Officer Registry Act and the rules of the Texas Department of State Health Services. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a registration, I agree to be bound by the Code Enforcement Registration Renewal Rules (25 Texas Administrative Code §140.162). I further understand that the fee submitted with this application is non-refundable and that the materials submitted for consideration become the property of the Department and are nonreturnable. I am sure of the schedule of fees (25 Texas Administrative Code §140.153) and understand that additional fees must be paid to keep the registration current.

I agree to hold the Texas Department of State Health Services, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with request to any examination, the failure of the Department to issue me a registration and any other aspect of registry. I hereby grant permission to the Department to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a registration, upon the revocation, suspension or cancellation of that registration, I shall return the registration certificate and registration identification card to the Department.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a registration or the revocation of my registration.

The disclosure of a social security number by an applicant is mandatory. Social security numbers will be used for identification purposes.

Date

Signature of Applicant

THE STATE OF )
COUNTY OF )

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for \_\_\_\_\_ County, Texas or \_\_\_\_\_

Signature of Notary

SEAL



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EMPLOYER AFFIDAVIT FORM

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

Be sure to use a separate form for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the one year requirement if applying for Code Enforcement Officer.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_
(Street No. or Box) (City) (State) (Zip)

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below:

I, \_\_\_\_\_, certify that I have employed \_\_\_\_\_
(Employer) (Applicant)
from \_\_\_\_\_ to \_\_\_\_\_ and that I know of my own knowledge that said person was employed as follows
(Month/Day/Year) (Month/Day/Year)
and that his/her regularly assigned duties included code enforcement:

1. Name and Address of Employer: \_\_\_\_\_
Other means of employment: ( ) Self employed ( ) Independent contractor

2. Briefly describe job responsibilities: \_\_\_\_\_

3. Job Title: \_\_\_\_\_

4. Check type of establishment or office in which work is/was performed:
( ) City Employment ( ) County ( ) State ( ) Agency
( ) Other, specify: \_\_\_\_\_

5. Total number of hours per week applicant worked in the above duties: \_\_\_\_\_

6. Other pertinent information: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_
(City) (State)

I certify under penalty of perjury that the information submitted is true and correct.

STATE OF TEXAS ( )
COUNTY OF ( )
Signature of Employer

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary's Signature

NOTARY SEAL



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CODE ENFORCEMENT OFFICER IN TRAINING
Supervisor Contract

THIS FORM MUST BE COMPLETED IF YOU HAVE LESS THAN 1 YEAR OF FULL-TIME EXPERIENCE IN THE FIELD OF CODE ENFORCEMENT.

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

The following information must be completed by a registered Code Enforcement Officer. To be registered as a Code Enforcement Officer-In-Training the applicant must be working under supervision of a registered Code Enforcement Officer.

Applicant's Name: (Last) (First) (Middle)

Address: (Street or Box Number) (City) (State) (Zip)

Applicant's Signature:

The Code Enforcement Officer attesting to his/her knowledge of the supervision of the individual above shall complete the information below. TYPE OR PRINT LEGIBLY.

I, (Supervisor's Name), CE (Registration #), certify that I am the supervisor of (Applicant's Name)

starting on (Month/Day/Year) to Present. I know of my own knowledge that the said person is practicing code enforcement under my direction during the dates indicated.

- 1. Place of Employment:
2. Address of Employment: (Street No.) (City) (State) (Zip)
3. Job Title: 5. Type of Facility:
4. Type of Work Performed (be specific):

I have read and agree to abide by Texas Occupations Code Chapter 1952 and the rules relating to the Code Enforcement Officers Registry.

Supervisor's Signature Date

BEFORE ME, the undersigned authority, on this day personally appeared, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

On this day of, 20.

Notary Public in and for County, Texas or.

Signature of Notary NOTARY SEAL

CEO FORM D



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**Request for Disability Accommodation**

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete this form along with the application. **In addition, please attach a statement on letterhead stationery from a professional who is familiar with your disability.** This statement must describe the disability for which you require accommodation.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

Disability

\_\_\_\_\_

\_\_\_\_\_

2. Have you had any prior accommodations for your disability in an examination setting? If you answer "yes", specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability

Type of Test Accommodation

_____	_____
_____	_____
_____	_____

3. If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability

Type of Test Accommodation

_____	_____
_____	_____
_____	_____

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form. **Be sure to submit a statement on letterhead stationery from a professional who is familiar with your disability.**

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Professional)

\_\_\_\_\_  
Date