



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

Mail Code 2003, P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-4512

Budget: ZZ103
Fund: 154

CODE ENFORCEMENT OFFICER IN TRAINING UPGRADE FORM
Instructions for Form E

All Upgrade Applicants must complete and submit Form E.

Upgrading CITs with No Previous Experience

- Individuals with no previous code enforcement experience will upgrade after completing one year as a Code Enforcement Officer in Training (CIT). Their upgrade fee will be \$106 and will be valid for two years.

Upgrading CITs with Previous Experience: Less Than One Year

- Some individuals have several months of acceptable work experience before becoming CITs, but they do not have the full year of experience necessary to become a CEO (Code Enforcement Officer).
- CITs who upgrade mid-year will pay the \$20 upgrade fee.
- CITs with previous experience who upgrade during the month of their expiration date will pay \$106.

Please Send Form and Fees To:

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GUARANTEED FUNDS ONLY (Certified Check, Cashier's Check or Money Order) Checks from state agencies, municipalities, counties or other political subdivisions of the state are also acceptable. NO PERSONAL CHECKS.



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Code Enforcement Officer In Training Upgrade – Form E
APPLICANT INFORMATION

1. Applicant's Name (Last) (First) (Middle) (Maiden)

2. Date of Birth: 3. Place of Birth:

4. Social Security Number:

5. Code Enforcement Officer in Training #

6. Residence Address: (Street or Box Number)

(City) (State) (Zip)

7. Telephone No. (Include Area Code): Home Fax#

8. Have you ever been arrested, convicted, pled guilty, or pled nolo contendere to any misdemeanor or felony? (You must report DWI/DUI.) Attach additional pages if necessary.

YES ___ NO ___ If YES, provide:

Date(s):

Location(s):

Charge(s):

Conviction(s):

Explanation:

Discovery of criminal conviction information not disclosed may result in denial of your application and disclosure of discovered information to other licensing boards/programs. Additional court documents may be required.

If conviction was set aside, give date and explain using additional pages if necessary:



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**Form E
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 §140.161). 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



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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 (1) year requirement for upgrading to a Code Enforcement Officer.

Name of Applicant: _____ Phone # _____

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
(Month/Day/Year) (Month/Day/Year)
follows 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