



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

SANITARIAN EXPERIENCE VERIFICATION FORM

Copy Page if Additional Blank Pages 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 two (2) years of experience (not less than 32 hours per week).

1. Applicant Information

Name: (please print)

_____ Last Name _____ First Name _____ Middle Name

Phone Number: _____
(include the area code)

Mailing address: _____
(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

2. 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)
_____ from _____ to _____
(Applicant) (Month/Day/Year) (Month/Day/Year)

and that I know of my own knowledge that said person was employed as follows and that his/her regularly assigned duties included work as a sanitarian:

3. Employer Name: _____ 4. Phone Number: _____
Area Code Number

4. Employer Address: _____
(Number, Street Name/Apartment Number, City, State, Zip)

5. Briefly describe job responsibilities: _____

6. Job Title: _____

7. Check the type of establishment or office in which work is/was performed:
 City Employment County State Agency
 Other, specify: _____

8. Total number of hours per week applicant worked in the above duties: _____

9. Other pertinent information: _____

10. EMPLOYER STATEMENT

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

_____ Signature of Employer _____ Date

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Keep a copy of your completed application.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [TDLR webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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