



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

REGISTERED SANITARIAN RENEWAL APPLICATION INSTRUCTIONS

Complete this application and return it with the required non-refundable application fee. The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted.

1. **NAME** – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **REGISTRATION NUMBER AND EXPIRATION DATE** - Enter your registration number and the date it expires.
3. **DATE OF BIRTH** – Provide your birth date.
4. **SOCIAL SECURITY NUMBER** – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
5. **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.
6. **PERSONAL PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. **PRIMARY EMPLOYMENT SETTING** – Enter the information of your place of employment; name of the business, address, phone number, your job title, the date you started work and place a check in the box for the category which you spend most your time.
9. **CONTINUING EDUCATION** – A registered sanitarian must obtain and show proof of 24 continuing education hours related to the field of consumer health, environmental health, or sanitation taken within the 24 months preceding renewal as written the TDLR rules.
10. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense. If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee.
11. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application.

RENEWAL FEES

\$110.00 Renewal fee prior to expiration date.

\$165.00 If your registration has been expired for 90 days or less.

\$220.00 If your registration has been expired for more than 90 days but less than 18 months.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

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

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

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.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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REGISTERED SANITARIAN RENEWAL APPLICATION

\$110.00 - RENEWAL APPLICATION FEE PRIOR TO EXPIRATION DATE

\$165.00 - RENEWAL APPLICATION FEE IF YOUR REGISTRATION HAS BEEN EXPIRED FOR 90 DAYS OR LESS

\$220.00 - RENEWAL APPLICATION FEE IF YOUR REGISTRATION HAS BEEN EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN 18 MONTHS

(FEE IS NON-REFUNDABLE)

1. Name:

_____ Last Name _____ First Name _____ Middle Name _____ Suffix

2. Registration Number: _____

Expiration Date: _____

3. Date of Birth:

_____ Month _____ Day _____ Year

4. Social Security Number:

_____ (See Instruction Sheet for Disclosure Information)

5. Email Address:

Ex: john DOE@aol.com See Instruction Sheet for Disclosure Information

6. Personal Phone Number:

_____ Area Code _____ Number

7. Mailing Address:

_____ (P.O. Box, Number, Street Name/Apartment Number)

_____ City

_____ State

_____ Zip Code

CURRENT EMPLOYMENT INFORMATION

8. Primary Employment Setting:

Business Name: _____

Business

Mailing Address: _____

(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

Business Phone No.

(include area code) _____

9. Did you complete the required **24** hours of approved continuing education within the last **24** months?

Yes No

If Yes, list the number of hours you completed: _____

If NO, you are NOT eligible to renew until you complete the required hours. If you are selected for a continuing education AUDIT, you must send in proof of your completed hours.

10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation since your last renewal?

Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

11. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Sanitarians Act, Texas Occupations Code, Chapters 1953 and 51, and 16 Texas Administrative Code, Chapter 119. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

_____ Signature of Applicant

_____ Date