



TCEQ Occupational Licensing Application for Provisional Water D or Wastewater D Licensees

Please save this document to your computer, complete the application, then print it, include a check/money order, made payable to TCEQ, for \$74.00 and mail it to:

TCEQ MC-214
PO Box 13088
Austin, TX 78711

If you have any questions on how to complete this form, please email us at licenses@tceq.texas.gov

** Denotes a required field.*

Personal Information

*Choose a prefix:

*Last Name:

*First Name:

Choose a suffix:

Middle Initial:

*Date of Birth (MM/DD/YYYY format)

*Social Security Number:

Social Security Number Statement: The Texas Family Code requires the disclosure of your SSN for purposes of assisting the collection of Child Support obligations.

*Choose a License Type:

Water Provisional

Wastewater D Provisional

Mailing Address

*Street address:

*City:

*State:

*Zip:

Zip +4:

If outside the USA:

Country:

Mailing Zone:

Mail Code:

Phone Number(s) and Email

(*At least one phone number is required - Format 1234567890)

Home Phone:

Work Phone:

Cell Phone:

Email address:

Education

*Do you have a High School Diploma or GED?

YES

NO

Year of HS Graduation or GED Completion (YYYY):

List Additional Education/Training You Would Like Considered:

Compliance History

*Have you been issued a Notice of Violation, Notice of Enforcement, Administrative Enforcement Order or Civil Judgement for violations the TCEQ rules or applicable statutes? Yes No

If Yes, please explain:

Application for Reciprocity

Are you currently licensed in another state or country: Yes No
Attached copy of license is required if "yes."

Type and/or Class:

Issuing State or Country:

Issue Date:

Expiration Date:

Affidavit and Signature

I hereby certify that this application and any attachments contain no willful or negligent misrepresentations or falsifications and that the information given is true and complete. I am aware that there are significant penalties for submitting false information, including rejection of my application, revocation of any license issued as a result of this application and the possibility of fine and imprisonment for known violations.

*Signature: _____

*Print Name: _____

Note: This agency acknowledges and complies with the Americans with Disabilities Act.

TCEQ is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age or disability in employment or in the provision of services, programs, or activities.

You may attach the following if applicable:

Highschool Diploma or GED

Military Records

College Transcripts

Training Certificates

Out of State License

ADA/Oral Exam Written Request

- Other Application Documentation

For Office Use Only

Date Application Received: _____

Fee Paid: ☐

Date Evaluation Completed: _____

Amount: _____

Date Re-Evaluation Completed: _____

Date: _____

☐ Approved ☐ Disapproved ☐ Reprocessed

Comments/Notes: _____
