



# Occupational Licensing Individual Renewal Application

Occupational Licensing Website: <http://www.tceq.texas.gov/licensing>

Ph: 512-239-6133, Fax: 512-239-6272, Email: [licenses@tceq.texas.gov](mailto:licenses@tceq.texas.gov)

TCEQ USE ONLY	
Payment :	
Received Date:	
Tracking No.:	

## Section 1: Current Licensee Information *(enter licensee's contact information, not employers)*

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Suffix	Last 4 of SSN
_____	_____	_____		
TCEQ License No.	Date of Birth	Email Address (receive license renewal reminders)		
_____			_____	
Mailing Address			Home Phone	
_____			_____	
City, State, Zip Code			Work Phone	

## Section 2: Continuing Education (CE) Hour Requirements

[CE requirements](#) are dependent on the type of license held. CEs must be obtained prior to the expiration of the license. [View expiration date and current CEs for your license.](#)

## Section 3: Criminal Background Notification

All individuals applying to renew an existing license are required to fill out a Criminal Conviction Notification form. This form is attached, or it may be completed online: [Criminal Conviction Notification form.](#)

## Section 4: Additional Information *(only applies to Class D Water, Class D Wastewater and OSSF Site-Evaluator license holders)*

If renewing a Class D Water or Wastewater license, or an OSSF Site-Evaluator License, an additional form is required to renew your license. Click on your license type below to download the form and submit with this application.

[Class D Water Operator License](#)

[Class D Wastewater Operator License](#)

[OSSF Site- Evaluator License](#)

## Section 5: Payment

The fee required to renew an individual's license/registration is \$111. Please enclose a check or money order.

## Section 6: Mail Application and Supporting Documentation

Your application must be **SUBMITTED** to the executive director or be **POSTMARKED** no later than 30 days after the expiration date of your license or the application will be denied and you will need to reapply for a new license. The application fee will not be refunded for an application that is submitted late or denied.

TCEQ, MC-214  
PO Box 13088  
Austin, TX 78711-3088

(To overnight): TCEQ, MC-214  
12100 Park 35 Circle  
Austin, TX 78753

## Section 7: Application Affidavit

AFFIDAVIT: I hereby certify under penalty of law that this application and any attachments contains no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete. I understand that any misrepresentation or falsification may result in DENIAL of my application or REVOCATION of my license or registration issued as a result of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** Download and save this form to your computer.

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
**CRIMINAL CHARGES/CONVICTION ATTESTATION**  
*(attach additional pages as necessary)*

**SECTION I: BASIC INFORMATION**

TCEQ License # (if known)	Last Name	First Name	Middle Name	Suffix
Last 4 of SSN	Email Address	Date of Birth (MM/DD/YYYY)	Maiden/Other Names	

**Please check one of the following boxes:**

I attest that I have **never** been arrested or received a criminal conviction, deferral or dismissal.  
*(If this box is checked, skip Sections II & III and sign and date the form.)*

I have previously submitted a Criminal Charges/Conviction Attestation **with the TCEQ** and my criminal history has not changed since the last submittal.

I have been arrested or received a criminal conviction and have attached a Texas DPS report or court documents attesting to the criminal history.

I request to use the Fingerprint Search to document my criminal history.

I have been arrested or received a criminal conviction and my history is listed in Section II/III.

**SECTION II: CONVICTION INFORMATION\* (List all convictions, including deferred or dismissed cases, above a Class C Misdemeanor regardless of age.)**

Date Convicted ( <i>Required</i> )					Convicted Offense(s) ( <i>Required</i> )						
Docket Number (if known)			Trial Date (if known)								
Court Where Convicted (if known)			Court Mailing Address (if known)								
City ( <i>Required</i> )		State	County	ZIP	Phone Number (xxx) xxx-xxxx						

**SECTION III: ARREST INFORMATION\***

**(List all arrests, regardless of age)**

Date of Arrest/Charge ( <i>Required</i> )					Charged Offense(s) (indicate felony or misdemeanor and class)						
County and/or Court where Charges are Pending ( <i>Required</i> )											
Docket Number (if known)			Trial Date (if known)								
Name of Arresting Agency (if known)			Arresting Agency Mailing Address (if known)								
City ( <i>Required</i> )		State	County	ZIP	Phone Number (xxx) xxx-xxxx						

I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Tex. Admin. Code § 30.33 or revocation of my license pursuant to Tex. Water Code § 7.303.

Typing your name on the signature line above constitutes an electronic signature and is legally equivalent to your written signature.

Signature

Date

TCEQ Staff use only: \_\_\_ No ERC Required \_\_\_ Previously Eligible (# & Date ) \_\_\_ Admin Approved ERC