



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## SERVICE COMPANIES CONTROLLING PERSON AMENDMENT FORM INFORMATION INSTRUCTIONS

Effective September 1, 2020, all controlling persons for a service company are subject to a criminal history check. This section must be completed for each controlling person of the business and submitted with the application. Use additional sheets if necessary.

A controlling person is an individual; is a sole proprietor; is a general partner of a partnership; is a controlling person of a business entity that is a general partner of a partnership; possesses direct or indirect control of at least 25 percent of the voting securities of a corporation; is the president, the secretary, or a director of a corporation; or possesses the authority to set policy or direct the management of a business entity.

1. **BUSINESS NAME** – Provide the full legal business name of the service company as it appears on the license application.
2. **BUSINESS PHONE NUMBER** – Provide the full name of the controlling person submitting the background history, including first, middle and last name, and suffix (if applicable).
3. **TITLE** – Provide the controlling person's title in the business.
4. **SOCIAL SECURITY NUMBER** – Provide the controlling person's Social Security number. Social Security number disclosure is required by Section 231.302(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](#) or call (512) 460-6000 or (800) 252-8014.
5. **DATE OF BIRTH** – Provide the controlling person's date of birth.
6. **GENDER** – Select whether the controlling person is male or female.
7. **PERCENTAGE OF OWNERSHIP** – Provide the controlling person's percentage of ownership in the business.
8. **MAILING ADDRESS** – Provide the controlling person's current mailing address. A post office box can be used.
9. **EMAIL ADDRESS** – By providing the controlling person's email address, TDLR is authorized to send communications and required notices by electronic mail. To continue receiving notices, this email address must be updated, if applicable. This authorization may be revoked in writing. The email address provided will remain confidential except as permitted or required by law.
10. **PHONE NUMBER** – Provide the controlling person's telephone number, including the area code.
11. **CRIMINAL HISTORY** – Indicate whether the controlling person has ever received deferred adjudication for, or been convicted of, any misdemeanor or felony (other than a minor traffic violation). If yes, attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.
12. **ACKNOWLEDGMENT** – After reading the statement, print and sign your name, and date the form. Your signature here indicates that you have read the statement and that you are aware of your responsibilities regarding the issuance of the requested registration.

### **SEND YOUR COMPLETED FORM TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

For additional information about the Motor Fuel Metering and Quality Program, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in-state only) or (512) 463-6599; Relay Texas - TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

### **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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## SERVICE COMPANY CONTROLLING PERSON AMENDMENT FORM

This information is required for each controlling person for a service company. Use additional sheets if necessary.  
See instructions for more information.

1. **Request Type:** (Select the box that identifies the request type)

- ☐ Adding Controlling Person  
☐ Removing Controlling Person  
☐ Updating Controlling Person's Contact Information

2. **Business:**

3. **Controlling Person's Name:**

\_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr., Sr., III)

4. **Title:**

5. **Social Security Number:**

\_\_\_\_\_  
See instruction sheet for disclosure information

6. **Date of Birth:**

\_\_\_\_\_  
Month/Day/Year

7. **Gender:**

☐ Male ☐ Female

8. **Percentage of Ownership:**

9. **Mailing Address:**

\_\_\_\_\_  
P.O. Box, Number, Street Name, Suite Number/Apartment Number, City, State Zip Code

10. **Email Address:**

\_\_\_\_\_  
See instruction sheet for disclosure information

11. **Phone Number:**

\_\_\_\_\_  
(Area Code) Phone Number

12. **Have you ever received deferred adjudication for, or been convicted of, any misdemeanor or felony, other than a minor traffic violation?**

☐ Yes ☐ No

If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

### 13. ACKNOWLEDGEMENT

By signing and submitting this application, I certify that the information on this and any attached form is true and correct. I further certify that I will comply with all applicable provisions of the Texas Business and Commerce Code, Chapter 607; Texas Occupations Code, Chapters 51 and 2310; and Texas Administrative Code, Chapter 60 and 97. I understand that providing false information on this application may result in revocation and/or denial of the license I am requesting and the imposition of administrative penalties and sanctions.

**Print Name:**

\_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr., Sr., III)

**Title:**

**Signature:**

**Date Signed:**

\_\_\_\_\_  
Month/Day/Year