



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## MOTOR FUEL METERING AND QUALITY SERVICE COMPANY APPLICATION INSTRUCTIONS

**KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER PAYABLE TO TDLR.**

1. **APPLICATION TYPE** – Check the box that identifies the application type.
  - A “New Business” application is for a business that has not held a service company license.
  - A “Change of Ownership” application is for a business that has been transferred or acquired from a previous owner, or a registered business changing its federal tax identification number. Indicate the date of the change of ownership, and if known, the most recent license number.
2. **BUSINESS NAME** – Provide the full legal business name as it is registered with the Texas Secretary of State.
3. **DOING BUSINESS AS (DBA)** – Provide all DBAs used by the business applying for a license (if applicable).
4. **BUSINESS PHYSICAL ADDRESS** – Provide the physical street address of the location. Please do not enter a post office box. This information will assist the TDLR inspectors in locating your business if an inspection is needed.
5. **BUSINESS PHONE NUMBER** – Provide a telephone number for the business, including the area code.
6. **BUSINESS TYPE** – Check the box that indicates how your business is organized.
7. **FEDERAL EMPLOYER ID NUMBER** – Provide the Federal Employer ID number that is used by your business. Information about Federal Employer ID numbers can be found by contacting the [Internal Revenue Services](#).
  - **SOLE PROPRIETORS** – 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](#).
8. **POINT OF CONTACT** – Provide the name, title, and contact information for the person who will be the point of contact for the business and can discuss and answer questions about registration related matters. Renewal invoices and account information, including correspondence, registration certificates, and other related documents, will be sent to the current contact information listed for the Point of Contact.
  - **EMAIL ADDRESS** – By providing the point of contact’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.
  - **PHONE NUMBER** – Provide the Point of Contact’s telephone number, including the area code.
  - **MAILING ADDRESS** – Provide the Point of Contact’s mailing address. The mailing address provided is where we will send mail related to this license. A post office box can be used.
9. **DEVICE CATEGORIES** – Indicate the category(ies) of motor fuel metering devices on which your company will perform device maintenance activities. You may choose more than one category. A \$300 fee is required for the first device category, and \$200 for each additional category.  
For your reference:
  - **Low Flow:** Devices with a maximum flow rate of 20 gallons per minute (GPM); requires at least one five-gallon or greater test measure or prover (Formerly Class 5)
  - **High Flow:** Devices with a maximum flow rate of greater than 20 GPM; requires at least one prover with a capacity that exceeds the amount of liquid delivered by the device in one minute at the maximum flow rate (Formerly Class 6)

A Certificate(s) of Calibration must be submitted with this application. You are required to have certified calibrated test standards that meet the specifications in NIST Handbook 105 for each device category. Test standards must be calibrated annually by a recognized or accredited laboratory that adheres to ISO 17025 standards.

10. ACKNOWLEDGMENT – After reading the statement, print and sign your name, and date the form. By providing your name, you acknowledge that you have read the statement and that you are aware of your responsibilities regarding the issuance of this requested license.

### **APPENDIX A: CONTROLLING PERSON BACKGROUND HISTORY**

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 [Criminal History Questionnaire \(PDF\)](#).
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.

**CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION AND FEE:**

- Completed Application
- Required Fee (Application will be returned if fee not included)
- Copy of TDLR Certificate of Insurance. (At all times during the license period, the service company must maintain at least the following minimum general liability insurance coverages: (1) \$25,000 per occurrence; or (2) \$50,000 aggregate.)
- Copy of Certificate(s) of Calibration
- Appendix A (May require additional sheets)

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

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

Your license application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order payable to TDLR. Do not send cash.

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

**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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## MOTOR FUEL METERING AND QUALITY SERVICE COMPANY APPLICATION

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.**

**1. Submission Type:** (Check the box that identifies the submission type)

**New Business:**

**Change of Ownership:** Previous Certificate Number: \_\_\_\_\_ Date of Change: \_\_\_\_\_ MM/DD/YYYY

**2. Business Name:**

Full legal name of the business (owner's name if sole proprietor - no aliases)

**3. Doing Business As (DBA) Name:**

**4. Business Physical Address:**

Street Number, Street Name, Suite Number City State Zip Code

**5. Business Phone Number:**

(Area Code) Phone Number

**6. Business Type:**

Corporation      Limited Liability Co.      Limited Partnership  
Sole Proprietorship      General Partnership

**7. Federal Employer ID Number:**

(Social Security Number if Sole Proprietor)

## 8. POINT OF CONTACT

**Name:**

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

**Title:**

Point of Contact's Job Title

**Email Address:**

See instruction sheet for disclosure information

**Phone Number:**

(Area Code) Phone Number

**Point of Contact Mailing Address:** (This is the address where we will send mail related to this license)

P.O. Box, Number, Street Name, Suite Number/Apartment Number City State Zip Code + 4

**9. DEVICE CATEGORIES**

Indicate the category(ies) of motor fuel metering devices on which your company will perform device maintenance activities. You may choose more than one category.

<b>Category Type</b> (see instruction page for detailed device information)		<b>Fees</b> (\$300 first device category, \$200 per additional category)
Low Flow (devices with a maximum flow rate of less than 20 GPM)		
High Flow (devices with a maximum flow rate of 20 GPM or greater)		
<b>Total Fees Due</b>		

**10. ACKNOWLEDGMENT**

By signing and submitting this application, I certify that the information on this and any attached form is true and correct, and all standards required to perform device maintenance activities for the categories listed on this application are in compliance with calibration requirements. I further certify that I have at least the minimum general liability insurance coverages required, and 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.

<b>Print Name:</b>  Last, First, Middle Name, Suffix (Jr., Sr., III)	<b>Job Title:</b>  
<b>Signature:</b>  	<b>Date Signed:</b>  MM/DD/YYYY

**CHECKLIST OF DOCUMENTATION REQUIRED TO BE SUBMITTED**

Completed Application

Required Fee (Application will be returned if fee not included)

Copy of DLR Certificate of Insurance. (At all times during the license period, the service company must maintain at least the following minimum general liability insurance coverages: (1) \$25,000 per occurrence; or (2) \$50,000 aggregate.)

Copy of Certificate(s) of Calibration

Appendix A (may require additional sheets)



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## APPENDIX A: CONTROLLING PERSON BACKGROUND HISTORY

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

1. Business Name:

2. Controlling Person's Name:

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

3. Title:

4. Social Security Number:

See instruction sheet for disclosure information

5. Date of Birth:

MM/DD/YYYY

6. Gender:

Male Female

7. Percentage of Ownership:

8. Mailing Address:

P.O. Box, Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code + 4

9. Email Address:

See instruction sheet for disclosure information

10. Phone Number:

(Area Code) Phone Number

11. 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.

## 12. ACKNOWLEDGMENT

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:

MM/DD/YYYY