



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

PROFESSIONAL EMPLOYER ORGANIZATION NEW LICENSE APPLICATION INSTRUCTIONS

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. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

1. **BUSINESS NAME** - Provide the full name of the business applying for a license. The company name must match the name of the company listed on the Texas Secretary of State Certificate of Authority or Certificate of Incorporation enclosed with your application
2. **DOING BUSINESS AS (DBA)** - Provide all DBAs used by the business applying for a license (if applicable). If using a DBA, provide the "Doing Business As" certificate from the Texas Secretary of State.
3. **FEDERAL ID NUMBER** - Provide the business Federal ID Number (FIN) in the space provided.
4. **NUMBER OF COVERED EMPLOYEES IN TEXAS** - Provide the number of employees the business has assigned in Texas. If there are none at this time, enter "0"; **do not leave blank**.
5. **NUMBER OF CLIENTS IN TEXAS** - Provide the number of clients the business has in Texas. If there are none at this time, enter "0"; **do not leave blank**.
6. **TYPE OF OWNERSHIP** - Check the box that shows how the business is organized.
7. **MAILING ADDRESS** - Provide the current mailing address for the business. This is the address where we will send mail to the business. A post office box can be used.
8. **PHYSICAL ADDRESS** - Provide the physical address of the business. Do not use a post office box.
9. **BUSINESS PHONE NUMBER** - Provide the main phone number for the business applying for this license.
10. **POINT OF CONTACT** - Provide the name, title, email address, and phone number of a person we can contact about the business. 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.
11. **TEXAS SECRETARY OF STATE DOCUMENT** - An application for a new license must include a copy of a document from the Texas Secretary of State that recognizes the business entity. This document must be issued in exactly the same business name as the applicant for this license and can be in the form of a Certificate of Authority or Certificate of Incorporation. For more information contact the [Texas Secretary of State](#).
12. **WORKING CAPITAL REQUIREMENTS** - Professional Employer Organizations must submit an audited financial statement that shows positive working capital. Enclose your most recent audited financial statement with this application.

"Working capital" of an applicant means the applicant's current assets minus the applicant's current liabilities as determined by generally accepted accounting principles. An applicant for an original or renewal license must demonstrate positive working capital in the following amounts:

- (1) \$50,000 if the applicant employs fewer than 250 covered employees;
- (2) \$75,000 if the applicant employs at least 250 but not more than 750 covered employees; and
- (3) \$100,000 if the applicant employs more than 750 covered employees.

The audited financial statement must be prepared in accordance with generally accepted accounting principles, be audited by an independent certified public accountant, and be without qualification as to the going concern status of the applicant.

Note: surety bonds, letters of credit, or guarantees *alone* will no longer be accepted as proof of positive working capital. You **MUST** submit an audited financial statement for the company named on this form. Any deficiencies in the working capital requirement may be satisfied through guarantees, letters of credit, a surety bond or other security acceptable to TDLR, provided they are accompanied by the company's audited financial statement. For more information on working capital requirements visit [TDLR Professional Employer Organizations](#).

13. CONTROLLING PERSONS AND/OR CORPORATIONS - Enclose a [Controlling Person Personal Information Form \(PDF\)](#) for each Controlling Person of the business. A Controlling Person is defined as an individual who:

- possesses direct or indirect control of 25 percent or more of the voting securities of a corporation that offers or proposes to offer professional employer services;
- possesses the authority to set policy and direct management of a company that offers or proposes to offer professional employer services;
- is employed, appointed, or authorized by a company that offers or proposes to offer professional employer services to enter into a contract with a client company on behalf of the company; **or**
- a person who is an officer or director of a corporation or a general partner of a partnership that offers or pro-poses to offer professional employer services.

Note that a person who meets ANY ONE of the above definitions is considered a Controlling Person.

If a corporation has a controlling interest in the company applying for this license, provide a [Controlling Corporation Corporate Information Form \(PDF\)](#).

Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order 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](#).

Please provide your email address so the Department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

14. ADDITIONAL ATTACHMENTS & INFORMATION -

- **Designated Agent for Service (page 2)**. The business must have a designated agent for service of pro-cess located in the state of Texas. Complete the information in the space provided.
- **Workers' Compensation Certificate of Insurance**. If the business offer workers' compensation insurance to its employees in Texas, a Certificate of Insurance must be submitted with this application. Insurers must be authorized by the [Texas Department of Insurance](#).
- **Criminal History and Fingerprints** – Indicate if you have ever been convicted of, or placed on deferred ad-judication 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. You can find more information on the process and download the necessary forms on the [TDLR website](#).

REQUIRED FOR ALL NEW APPLICANTS:

Fingerprinting: All new applicants must submit fingerprints for a national criminal history record review. The applicant is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check.

15. AUTHORIZED SIGNATURE - Carefully read the statement; print your name, and title; sign and date your application

16. INSURANCE INFORMATION - List all types of insurance coverage offered to covered employees in Texas. Insurers must be authorized by the Texas Department of Insurance. If applicant offers workers' compensation insurance, a Certificate of Insurance must be enclosed with this application. Do not enclose any other type of certificate of in-surance, booklet, or paperwork for any other type of insurance except workers' compensation. If the business offers a self-funded benefit plan, a copy of the approval from the Texas Department of Insurance must be submitted. For more information visit, [Texas Department of Insurance](#).



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PROFESSIONAL EMPLOYER ORGANIZATION NEW LICENSE APPLICATION

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

APPLICATION FEE: (FEE IS NON-REFUNDABLE)

0 - 249 Employees in Texas:	\$300
250 - 749 Employees in Texas:	\$450
750 or more Employees in Texas:	\$700

COMPANY INFORMATION

1. Business Name:

2. Doing Business As (D/B/A), if applicable:

3. Federal ID Number:

4. Number of covered employees in Texas:

5. Number of clients in Texas:

6. Type of Ownership:

Sole Proprietorship Corporation Limited Partnership

Limited Liability Company Limited Liability Partnership General Partnership

7. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number City State Zip Code

8. Physical Location: (A PO box is not allowed for this address)

Number, Street Name, Suite Number City State Zip Code

9. Business Phone Number:

Area Code Phone Number

10. Point of Contact: (Print name)

Name: **Title:**

Email Address: **Phone Number:**

(Ex: Johndoe@gmail.com) See instruction sheet for disclosure information Area Code Phone Number

11. Texas Secretary of State Document - An application for a new license must include a copy of a document from the Texas Secretary of State that recognizes the business entity. This document must be issued in exactly the same business name as the applicant for this license and can be in the form of a Certificate of Authority or Certificate of Incorporation. Contact the [Texas Secretary of State](#) for more information. Enclose this document with your application.

12. WORKING CAPITAL REQUIREMENTS

All professional employer organization companies must submit an audited financial statement that shows positive working capital. Enclose your most recent audited financial statement with this application.

“Working capital” of an applicant means the applicant’s current assets minus the applicant’s current liabilities as determined by generally accepted accounting principles. An applicant for an original or renewal license must demonstrate positive working capital in the following amounts:

- (1) \$50,000 if the applicant employs fewer than 250 covered employees;
- (2) \$75,000 if the applicant employs at least 250 but not more than 750 covered employees; and
- (3) \$100,000 if the applicant employs more than 750 covered employees.

The audited financial statement must be prepared in accordance with generally accepted accounting principles, be audited by an independent certified public accountant, and be without qualification as to the going concern status of the applicant.

Note: Surety bonds, letters of credit, or guarantees *alone* are no longer accepted as proof of positive working capital. You **MUST** submit an audited financial statement for the company named on this application. Any deficiencies in the working capital requirement may be satisfied through guarantees, letters of credit, a surety bond or other security acceptable to TDLR, provided they are accompanied by the company’s audited financial statement. For more information on working capital requirements, see [Professional Employer Organizations](#).

13. CONTROLLING PERSONS AND/OR CORPORATIONS

Forms are available at [TDLR website](#).

- enclose a Controlling Person Personal Information Form for each Controlling Person of your company.
- enclose a Controlling Corporation Information Form, if applicable.

14. ADDITIONAL ATTACHMENTS AND INFORMATION

WORKERS’ COMPENSATION CERTIFICATE OF INSURANCE: Enclose a certificate of insurance if you offer **workers’ compensation** insurance to covered employees in Texas. Insurers must be authorized by Texas Department of Insurance ([www.tdi.texas.gov](#)).

DESIGNATED AGENT FOR SERVICE (required: Provide the following information for your agent for service of process in Texas:

CRIMINAL HISTORY AND FINGERPRINTS: Once your completed application is received, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. [See instructions sheet for more information.](#)

Agent Name		Agent Phone	
Agent Address	City	State	Zip Code

15. AUTHORIZED SIGNATURE

I certify that I have read and will comply with all applicable provisions of the Professional Employer Organization Act, Title 2, Labor Code, Subtitle E, and the current Department of Licensing and Regulation rules. If the license is issued, I agree to furnish to the Department of Licensing and Regulation any change in information on this form and all attached documents within **FORTY-FIVE (45) DAYS** of the change. Application fees are non-refundable.

Licensure is subject to revocation if the Department is not notified, in writing, of any changes in the information given on this application or if there is a rule or law violation.

I certify that all information submitted on this application and on all attached documents is true and correct.

Authorized Representative’s Signature Date

Authorized Representative’s Printed Name Date

16.

INSURANCE INFORMATION

List all types of insurance coverage offered to covered employees assigned in Texas. Insurers must be authorized by the Texas Department of Insurance.

If you offer workers' compensation insurance, Enclose a Certificate of Insurance. Insurers must be authorized by the Texas Department of Insurance. Do not submit any other type of certificate of insurance, booklet, or paperwork for any other type of insurance except workers' compensation.

Self-funded benefit plans are allowed as described in the law:

Sec. 91.0411. Self-Funded Benefit Plan.

(a) In this section, "commissioner" means the commissioner of insurance.

(b) A license holder may sponsor a benefit plan that is not fully insured if the license holder meets the requirements of this section and is approved to sponsor the plan by the commissioner.

If you are offering a self-funded benefit plan, you will be required to submit a copy of the approval from the Texas Department of Insurance. You may contact TDI at (512) 463-6169 or (800) 252-3439 or online at www.tdi.texas.gov

Are you currently providing a plan which is NOT fully insured? NO YES

NAME OF INSURER	TYPE OF COVERAGE	EFF. DATE	EXP. DATE	POLICY NUMBER
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Submit this completed application, any attachments and the appropriate fees to the address at the top of page one.



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PROFESSIONAL EMPLOYER ORGANIZATION CONTROLLING PERSON PERSONAL INFORMATION FORM

This form must be completed by each controlling person as defined in Section 91.001(7) of the Professional Employer Organizations Act.

1. Name of registered or proposed professional employer organization under which this personal information is required:

2. Controlling Person's Full Name:

Last First Middle Suffix

3. Other Name(s) (if applicable):

4. Date of Birth:

mm/dd/yyyy

5. Gender:

Male

Female

9. Social Security Number:

*(see below for disclosure information)

7. Title:

8. Percentage of Ownership:

%

9. Phone Number:

Area Code Phone Number

10. **Email Address:

Email address (ex: johndoe@aol.com) (See below for disclosure information)

11. Home Address: (a PO Box cannot be used for this address)

Number, Street Name, Suite Number

City

State

Zip Code

12. ANSWER THE FOLLOWING QUESTIONS:

(if you have any doubt about the accuracy of an answer, the question should be answered "Yes" and an explanation provided.)

- a) **Yes No** Do you have educational, managerial or business experience relevant to the operation of a business entity offering professional employer services?
- b) **Yes No** Do you have educational, managerial or business experience relevant to service as a controlling person of a professional employer organization?
- c) **Yes No** Have you ever filed a petition under any chapter of the bankruptcy code or has any professional employer organization in which you owned a percentage file bankruptcy?
- d) **Yes No** Have you ever had any judgments entered against you or against any professional employer organization in which you had an ownership interest?
- e) **Yes No** Are there any unsatisfied liens on your property for failure to pay taxes?
- f) **Yes No** Are you operating or acting as a controlling person for a professional employer organization in ANY other state? (If YES, attach a list of the companies, names, addresses, phone numbers, and State license/registration numbers.)
- g) **Yes No** Have you ever been refused a license or license renewal for a professional employer organization in another state?
- h) **Yes No** Have you or a professional employer organization in which you had ownership interest ever been disciplined by another state regulatory agency?
- i) **Yes No** Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? If YES, attach a completed Criminal History Questionnaire for each offense. You can find this form at www.tdlr.texas.gov
- j) **Yes No** Are you in arrears of ANY taxes?
- k) **Yes No** Are you in arrears on any guaranteed student loan? Please be aware that if you apply for renewal while you are in arrears on a guaranteed student loan, your license will not be renewed.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST ATTACH AN EXPLANATION FOR EACH.

13. Signature: By signing this form, I affirm that I am at least 18 years of age and have educational, managerial, or business experience relevant to operate a business entity offering professional employer services; or service as a controlling person of a professional employer organization. I also authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Texas Department of Licensing and Regulation, whether the records are public, private, or confidential in nature.

Applicant Signature

Date Signed

*Social security number (SSN) disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your SSN 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 at: www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

**Please provide your email address so the Department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.



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PROFESSIONAL EMPLOYER ORGANIZATION CONTROLLING CORPORATION CORPORATE INFORMATION FORM

This form must be completed by each corporation that owns a controlling interest in a company pursuing a Professional Employer Organization license.

1. Name of Controlling Corporation:

2. Type of Corporation:

C-TYPE

S-TYPE

3. Federal ID Number:

4. Percentage of Ownership:

%

5. Mailing Address:

Number, Street Name, Suite Number

City

State

Zip Code

6. Physical Address:

Number, Street Name, Suite Number

City

State

Zip Code

7. Phone Number:

Area Code Phone Number

8. *Email Address:

*Email address (ex: johndoe@aol.com) (See below for disclosure information)

9. Name of company (applicant) controlled by this corporation:

10. ANSWER THE FOLLOWING QUESTIONS:

(if you have any doubt about the accuracy of an answer, the question should be answered "Yes" and an explanation provided.)

- a) Yes No Is your company operating or acting as a controlling corporation for a Professional Employer Organization in any other state? (If YES, you must attach a list of the companies, addresses, phone numbers, and copies of the licenses.)
- b) Yes No Has your company ever had ownership interest in a Professional Employer Organization that has been refused a license or license renewal in ANY other state?
- c) Yes No Has your company ever had ownership interest in a Professional Employer Organization that has been disciplined by another state regulatory agency?
- d) Yes No Has your company ever had ownership interest in a Professional Employer Organization that has filed for bankruptcy?

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST ATTACH AN EXPLANATION FOR EACH.

11. Authorized Signatures:

I certify that I have read and will comply with all applicable provisions of the Professional Employer Organizations Act, Title 2, Labor Code, Subtitle E, and the current Department of Licensing and Regulation Administrative Rules. I certify that all information submitted on this information form and on all attachments is true and correct.

Signature of Company President

Date

Signature of Company Secretary

Date

Printed Name of Company President

Printed Name of Company Secretary

*Please provide your email address so the Department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.