



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

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 + 4

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.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application and all attachments.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [TDLR webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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