



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

PROFESSIONAL EMPLOYER ORGANIZATION NEW LIMITED LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. **COMPANY NAME** - Provide the full name of the business applying for a license. The business name must match the name of the business listed on the Texas Secretary of State Certificate of Authority or Certificate of Incorporation enclosed with the 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 (FEIN) in the space provided.
4. **TYPE OF OWNERSHIP** - Check the box that shows how the business is organized.
5. **MAILING ADDRESS** - Provide the current mailing address for the business. This is the address where we will send the business mail. A post office box can be used.
6. **PHYSICAL ADDRESS** - Provide the physical address of the business. Do not use a post office box.
7. **BUSINESS PHONE NUMBER** - Provide the main phone number for the business applying for this license.
8. **LIST OF QUESTIONS** - Answer all of the questions, and include the number of covered employees in Texas, and the state where the business is domiciled. To qualify for a limited license, a person at all times must: employ less than 50 covered employees in this state at any one time; not cover employees to clients that are based or domiciled in the state; not maintain an office in this state; and not solicit companies located or domiciled in this state.
9. **POINT OF CONTACT** - Provide the name, title, email address, and phone number of a person we can contact about the business. Please provide your email address so the Department may email license information and required notices to you. 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.
10. **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
11. **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. An audited financial statement **MUST** be submitted for the business 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, see our [TDLR website](#) for PEO.

12. **CONTROLLING PERSONS AND/OR CORPORATIONS** - Enclose a Controlling Person Personal Information Form (**Form #003**) for each Controlling Person of your company. 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 proposes 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(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 [Office of Attorney General](#).

13. **ADDITIONAL ATTACHMENTS & INFORMATION** -

- **Designated Agent for Service (page 2)**. The business must have a designated agent for service of process 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. Insurers must be authorized by the [Texas Department of Insurance](#).

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

15. **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 you offer workers' compensation insurance, you must enclose the Certificate of Insurance. Do not enclose any other type of certificate of insurance, booklet, or paperwork for any other type of insurance except workers' compensation. If the business offers a self-funded benefit plan, submit a copy of the approval from the Texas Department of Insurance.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

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

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.

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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PROFESSIONAL EMPLOYER ORGANIZATION NEW LIMITED LICENSE APPLICATION

DO NOT WRITE ABOVE THIS LINE

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

APPLICATION FEE: \$300 (FEE IS NON-REFUNDABLE)

1. Business Name:

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

3. Federal ID Number:

4. Type of Ownership:

Sole Proprietorship

Corporation

Limited Partnership

Limited Liability Company

Limited Liability Partnership

General Partnership

5. 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 + 4

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

Number, Street Name, Suite Number

City

State

Zip Code

7. Business Phone Number:

Area Code + Phone Number

9. ANSWER THE FOLLOWING QUESTIONS:

- a) **Yes** **No** Does this company employ fewer than 50 covered employees in Texas at one time?
- b) **Yes** **No** Does this company assign employees to any client company based or domiciled in Texas?
- c) **Yes** **No** Does this company solicit companies located or domiciled in Texas?
- d) **Yes** **No** Does this company maintain an office in Texas?
- e) **Yes** **No** Is this company licensed or registered as a professional employer organization in the state where domiciled? (If **Yes**, attach a copy of the license or registration)

Number of covered employees in Texas.

State where company is domiciled.

10. Point of Contact: (Print name)

Name:

Title:

Email Address:

(Ex: Johnndoe@aol.com) See instruction sheet for disclosure information

Phone Number:

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 our [TDLR website](#).

13. CONTROLLING PERSONS AND/OR CORPORATIONS

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

- Submit a Controlling Person Personal Information Form for each Controlling Person of your company.
- Submit 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 the Texas Department of Insurance.

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

Agent Name	Agent Phone		
Agent Address	City	State	Zip Code

15. AUTHORIZED SIGNATURES

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

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](#).

Are you currently providing a self-funded benefit plan? **YES** **NO**

NAME OF INSURER	TYPE OF COVERAGE	EFF. DATE	EXP. DATE	POLICY NUMBER

Submit this completed application, any attachments and the appropriate fees to the address at the top of page one. For additional forms and information, visit our [TDLR website](#).



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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

6. *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.