



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

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.

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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