

TEXAS DEPARTMENT OF LICENSING AND REGULATION

PO Box 12157 · Austin, Texas 78711 · 1-800-803-9202 · (512) 463-6599 · FAX (512) 475-2871
www.license.state.tx.us

DISCIPLINARY ACTION QUESTIONNAIRE

If you have had an occupational license revoked, suspended, probated or denied in any state, county or municipality, the Department must review your disciplinary action history to determine if you are eligible to obtain a license. Please provide the information requested below. You should be very specific and provide exact details. Questions regarding this form may be addressed to the Department's Enforcement Division at enforcement@license.state.tx.us, or by phone at (512) 463-2906.

Name: _____ SSN: _____

Address: _____

Phone: _____ E-mail: _____

PART ONE: If you have had an occupational license revoked, suspended or probated, please complete this section. If you have had more than one suspension, revocation, or probation of license, please provide the requested information as to each action. Attach additional pages if necessary.

Type of occupational license: _____

Full name the license was held in: _____

License number: _____

Dates it was held: _____

Name and address of Agency that issued license: _____

Name and address of Agency that imposed sanctions, if different from issuing Agency:

Please describe the exact type of sanction received: _____

(Example: revocation, suspension, probation, etc.)

If suspended or probated, specify the length of the suspension or probation: _____

(Example: 6 months)

Date sanction imposed: _____

Please state the specific reason(s) for the revocation, suspension or probation: _____

If the license was placed on probation, what were the terms and conditions? _____

Did you successfully complete the probation? ____ Yes ____ No

If not, why? _____

PART TWO: If you applied for an occupational license and it was denied, please complete this section. If you have had more than one license denial, please provide the requested information as to each denial. Attach additional pages if necessary.

Type of occupational license applied for: _____

Full name used on application for the license: _____

Date applied for: _____

Date denied: _____

Name and address of Agency that denied license: _____

Please state the specific reason(s) for the denial: _____

Failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: _____

Date: _____