



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.legal.service.contracts@tdlr.texas.gov

FOR-PROFIT LEGAL SERVICE CONTRACTS SALES REPRESENTATIVE REGISTRATION APPLICATION INSTRUCTIONS

This application is to be completed by the person who sells or offers to sell legal service contracts or group legal service contracts to another on behalf of a Legal Service Contract Company.

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. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the cashier's check or money order on top. **Do not use staples.**

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

1. NAME - Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH - Write your birthdate.
3. GENDER - Select whether you are male or female.
4. SOCIAL SECURITY NUMBER - 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 Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
5. MAILING ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. PHYSICAL ADDRESS - Write the physical address of your residence or business. Do not use a post office box for this address.
7. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS - Write your email address. 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.
9. NAME OF COMPANY - Write the name of the company or companies for which you will sell or solicit legal service contracts.
10. CRIMINAL HISTORY - Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf
11. DISCIPLINARY ACTION HISTORY - Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary_Action_Questionnaire.pdf)
12. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: cust.assist@tgslc.org.**



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FOR-PROFIT LEGAL SERVICE CONTRACTS
SALES REPRESENTATIVE REGISTRATION APPLICATION

Do Not Write Above This Line	
<p>YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.</p> <p>APPLICATION FEE: \$20 (FEE IS NON-REFUNDABLE)</p> <p>PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR</p>	
1. Name:	
_____	_____
Last	First Middle Name Suffix (JR, SR, III)
2. Date of Birth:	3. Gender:
_____ - _____ - _____ <small>Month Day Year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Social Security Number:	
(See instruction sheet for disclosure information) _____	
5. Mailing Address: (Used to receive mail from TDLR) (PO box is allowed for this address)	
Number, Street Name, Suite Number/Apartment Number	
City State Zip Code	
6. Physical Address: (PO box is not allowed for this address)	
Number, Street Name, Suite Number/Apartment Number	
City State Zip Code	
7. Phone Number:	8. Email Address:
(_____) _____ <small>Area Code Phone Number</small>	_____ <small>(Ex: johndoe@aol.com) See instruction sheet for disclosure information</small>
9. Name of company for which you will be selling legal service contracts: _____	
10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and attach a Criminal History Questionnaire for each offense. <p style="text-align: center;"><u>See instruction sheet for more information</u></p>	
11. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a Disciplinary Action Questionnaire to this application. (This does <u>not</u> include your driver license.)	
12. STATEMENT OF APPLICANT	
I certify that I have read and will comply with all applicable provisions of Chapters 51 and 953, Texas Occupations Code, and 16 Texas Administrative Code Chapters 57 and 60. I understand that providing false information on this application may result in denial of this application or revocation of the license I am requesting and the imposition of administrative penalties.	
_____	_____
Date Signed	Signature of Applicant