CRIMINAL HISTORY EVALUATION LETTER:
DETERMINATION OF ELIGIBILITY
CONTROLLING PERSON REQUEST FORM INSTRUCTIONS

If you are also submitting an application, do not fill out or submit this form. This form is not part of the application process.

YOUR REQUEST WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED.

GENERAL INSTRUCTIONS
The request form must be completed and signed by the person requesting the evaluation letter. All information provided must be typed or printed in black or blue ink. The request and all attachments must be submitted on separate pieces of single-sided, 8½” x 11” paper. Please use a paperclip to fasten all pages together, with the check or money order on top. Please do not use staples.

If you are seeking a determination of your eligibility for more than one license type you must submit a separate request and applicable fee for each license type. You do not have to submit a separate request for each crime.

If one check will be used to pay for multiple requests, a Combined Check Worksheet must be completed and submitted with the requests and payment. The Combined Check Worksheet is available on the Department’s website.

INFORMATION ABOUT YOU
NAME – Please write your name in the spaces provided. (Last, First, Middle Initial)

SUFFIX – Examples of a suffix include JR, SR, and II. (MR is not a suffix)

DATE OF BIRTH – Write the two digit numeric equivalent (ex: 03 for March) for the month of your birth, followed by the two digit day and the four digit year. (MM/DD/YYYY)

GENDER – Check “M” for Male or “F” for Female.

SOCIAL SECURITY NUMBER – The 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

MAILING ADDRESS – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.

TELEPHONE NUMBER – Write the telephone number, including area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

FAX NUMBER – List any fax number where you will be able to receive documents from the Department. Leave this blank if you do not have access to a fax machine.

E-MAIL – Please provide your e-mail address. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

ALL NAMES BY WHICH YOU HAVE BEEN KNOWN – List any name you have ever used. This would include a maiden name, nickname, alias, etc.
INFORMATION ABOUT THE COMPANY OF WHICH YOU WILL BE A CONTROLLING PERSON

NAME OF COMPANY – Please write the name of the company of which you will be a controlling person in the space provided.

DBA— Please provide the name the company does, or will be doing, business as, if appropriate.

TYPE OF OWNERSHIP— Please check the box which indicates how the business is or will be organized.

FEDERAL ID NUMBER— Please provide the Federal ID number which is or will be used by the company. If the business is a sole proprietorship, your social security number should be provided in box 4.

SIGNATURE

Carefully read the statement at the bottom of the request form before you sign and date the form. Be aware that information provided on this request form, and any attachments, will be investigated. Providing false information may result in denial or revocation of any future license and the imposition of administrative penalties.

ATTACHMENTS

In order to establish the basis for your potential ineligibility please complete the applicable questionnaires listed below:

CRIMINAL HISTORY QUESTIONNAIRE
Attach a completed Criminal History Questionnaire for each conviction or deferred adjudication which you have had. This questionnaire is found at:

DISCIPLINARY ACTION QUESTIONNAIRE
If you have ever had an occupational license (not a drivers license) suspended, revoked, probated, or denied in any state, county or municipality, attach a completed Disciplinary Action Questionnaire and any attachments requested on the questionnaire for each sanction. This questionnaire is found at:

FEES
The fee for this criminal history evaluation: determination of eligibility is $25. All fees are non-refundable. Please send one check or money order for the total amount due, payable to TDLR. Fees and documents should be mailed to:

TDLR
PO BOX 12157
AUSTIN, TEXAS 78711

DOCUMENTS SUBMITTED WITH THE REQUEST WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED REQUEST FORM, ALL ATTACHMENTS AND YOUR CHECK.
REQUEST FORM FOR:
CRIMINAL HISTORY EVALUATION LETTER:
DETERMINATION OF ELIGIBILITY—LICENSED BREEDER CONTROLLING PERSON

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

<table>
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<tr>
<th>RECEIPT NUMBER</th>
<th>FEE AMOUNT</th>
<th>PMT. AMOUNT</th>
<th>MONEY TYPE</th>
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<tbody>
<tr>
<td></td>
<td>$25.00</td>
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This fee is non-refundable.

DO NOT WRITE ABOVE THIS LINE

If you are submitting an application, do not submit this form. It is not part of the application process.

INFORMATION ABOUT YOU

1. Name:
   Last               First       Middle  Initial                 Suffix (JR, SR, III)

2. Date of Birth: ____________ -  ________ - ____________
   Female □       Male □

4. Social Security No.:
   ______ ______ ______ □   ______ ______ ______ □

5. Mailing Address:
   Number, Street, Suite No., Apt. No. or P.O. Box
   City                                    State             Zip Code

6. Phone Number:       Fax Number:
   Area Code     Phone Number                   Area Code     Phone Number

   Email Address: ____________________________________________ (Ex: johndoe@aol.com)

7. List All Names by Which You Have Been Known:
   ______________________________________________________________________________________________________________

INFORMATION ABOUT THE COMPANY OF WHICH YOU WILL BE A CONTROLLING PERSON

8. Name of Company :
   ______________________________________________________________________________________________________________

9. DBA :
   ______________________________________________________________________________________________________________

10. Type of Ownership:
    □ Corporation   □ Partnership   □ Sole Proprietor       □ Limited Liability Co. (LLC)
    □ Limited Liability Partnership (LLP)   □ Other ___________________________________________

11. Federal ID#:
    ______ ______  —  ______  _____ _____ ______ ______ ______

The criminal history questionnaire is found on the next page. You must complete one questionnaire for each crime for which you have been convicted or placed on deferred adjudication.

CERTIFICATION

I understand that the Department will ultimately base their decision on the information that exists at the time of any license application I may file. I further understand that providing false, inaccurate or misleading information on this request may result in denial and/or revocation of any future license I may request and the imposition of administrative penalties.

_____________________________                             ___________________________________________________________
Date Signed                                                    Signature  (must be signed by the person who is the subject of this evaluation)

TDLR Form (08/2013)  All documents are available on the TDLR website at www.tdlr.texas.gov.
CRIMINAL HISTORY QUESTIONNAIRE

The Department must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, review can take from one to six weeks to complete. The assigned Department representative will contact you if necessary.

Complete this form if you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense. Be specific and provide exact details. **Attach a separate form for each crime.**

Questions regarding this form may be addressed to the Department’s Enforcement Division at enforcement@tdlr.texas.gov, or by phone at (512)539-5600.

Name: First ____________ Middle________ Last______________  SSN: - - -

Address: ___________________________City: ___________ State: ____ Zip Code: ______

Phone: _______________ DOB:__________ E-mail: _______________________________

County of conviction or deferred adjudication: ___________ Court: ____________________

(example: Travis County) (example: 300th District Court)

Date crime committed: __________   Date of conviction or deferred adjudication:___________

Exact crime you were convicted of or received a deferred adjudication for:_________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) ___________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Sentence or action imposed by the court: (example: six months in Travis County Jail) ____________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

For renewals, did this conviction occur since your license was last issued: _____ yes _____ no

Are you currently on probation? ___ yes ___ no  Are you currently on parole? ___ yes ___ no

If so, list your reporting officer’s name: ___________________ phone number: _____________

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

Signature:______________________________________      Date: ______________________

August 2013