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—MASSAGE ESTABLISHMENT

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

<table>
<thead>
<tr>
<th>RECEIPT NUMBER</th>
<th>FEE AMOUNT</th>
<th>PMT. AMOUNT</th>
<th>MONEY TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: __________ - _______ - __________

3. Female ☐  Male ☐

4. Social Security No.:
   ________ ________ __________
   ________ ________ __________
   ________ ________ __________

5. Mailing Address:
   (P.O. Box is allowed for this address.)
   Number, Street, Suite No., Apt. No. or P.O. Box ________________________________
   City ___________________________  State ________  Zip Code ________

6. Phone Number:
   (________) ______________________________
   Fax Number:
   (________) ______________________________
   Email Address: ____________________________ (Ex: john doe@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 (10/2017)  All documents are available on the TDLR website at www.tdlr.texas.gov.
<table>
<thead>
<tr>
<th>CRIMINAL HISTORY QUESTIONNAIRE INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TYPE OF REQUEST - Check the box to indicate whether you are applying for a new license or renewing a license.</td>
</tr>
<tr>
<td>2. TYPE OF LICENSE - Write the type of license you are applying for or renewing. (ex: Barber, Cosmetology, Electrician, Towing, Air Conditioning Technician, etc.)</td>
</tr>
<tr>
<td>3. NAME - Write your full legal name in the spaces provided. (Last, First, Middle Name)</td>
</tr>
<tr>
<td>4. SOCIAL SECURITY NUMBER (SSN) - 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: <a href="http://www.oag.state.tx.us/child/index">www.oag.state.tx.us/child/index</a> or call (512) 460-6000 or (800) 252-8014.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>6. 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.</td>
</tr>
<tr>
<td>7. DATE OF BIRTH - Write your birthdate.</td>
</tr>
<tr>
<td>8. EMAIL ADDRESS - Write your email address. TDLR will only use your email address for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act.</td>
</tr>
<tr>
<td>9. COUNTY AND STATE OF CONVICTION OR DEFERRED ADJUDICATION - ex: Travis, TX; Baxter, AR; Fresno, CA.</td>
</tr>
<tr>
<td>10. COURT - Give the name of the court your case was held. (ex: 300th District Court, Superior Court, Federal Court)</td>
</tr>
<tr>
<td>11. DATE CRIME COMMITTED - Give the date you committed the crime.</td>
</tr>
<tr>
<td>12. DATE OF THE CONVICTION OR DEFERRED ADJUDICATION - Give the date you were convicted or received a deferred adjudication.</td>
</tr>
<tr>
<td>13. EXACT CRIME YOU WERE CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION - Give the official description of the offense shown on your court records.</td>
</tr>
<tr>
<td>14. WHAT EXACTLY DID YOU DO (CRIME) AND WHY - Give a brief description of your actions and why you made those decisions. (If you need more space to write, attach additional sheets)</td>
</tr>
<tr>
<td>15. SENTENCE OR ACTION IMPOSED BY THE COURT - (ex: six months in Travis County Jail, deferred adjudication, probation, etc.)</td>
</tr>
<tr>
<td>16. RENEWALS - If you are renewing your license, did the conviction or deferred adjudication you described in item 11 occur since your license was last issued? Place a check in the box for No or Yes.</td>
</tr>
<tr>
<td>17. PAROLE - If you are not on parole please check No. If you answered Yes list your reporting officer’s name and phone number.</td>
</tr>
<tr>
<td>18. PROBATION - If you are not on probation please check No. If you answered Yes list your reporting officer’s name and phone number.</td>
</tr>
<tr>
<td>19. DATE AND SIGNATURE OF APPLICANT - Carefully read the statement before signing and dating this criminal History Questionnaire.</td>
</tr>
</tbody>
</table>
CRIMINAL HISTORY QUESTIONNAIRE

TDLR must review your criminal history to determine if you are eligible to receive or renew a license. You must complete this form if you have ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or pleaded guilty or no contest “nolo contendere” (resulting in a deferred adjudication) to any in state, out of state or federal criminal offense. Provide specific details, attaching a separate questionnaire form for each crime.

Our review may take up to twelve (12) weeks to complete. Questions regarding this form may be addressed to the TDLR’s Enforcement Division at (512)539-5600. Please mail this form, along with the appropriate application and fee, to the address above, or if you choose to email it, please send it to CHQ@tdlr.texas.gov.

Your application will not be processed until this form, the application and payment are received.

1. Type of Request: ☐ New ☐ Renewal  
2. Type of License : ________________________________  
   (Ex: Barber, Cosmetologist, Electrician, Towing, etc.)

3. Name: ________________________________  
   Last Name: ____________________________  
   First Name: ____________________________  
   Middle Name: ____________________________  

4. SSN: ____________________________  
   (See instruction sheet for disclosure information)

5. Address: ____________________________  
   City: ____________________________  
   State: ________ Zip Code: ________  
   Number, Street Name, Suite Number/Apartment Number

6. Phone No: ____________________________  
   Area Code: ________ Phone Number: ____________________________

7. DOB: ____________________________  

8. Email Address: ____________________________  
   (See instruction sheet for disclosure information)  (Ex: johndoe@aol.com)

9. County and State of conviction or deferred adjudication: ____________________________  
   (ex: Travis, TX)

10. Court: ____________________________  
    (ex: 300th Dist. Ct. or Fed. Ct.)

11. Date crime committed: ____________________________  
12. Date of conviction or deferred adjudication: ____________________________

13. Exact crime you were convicted of or received a deferred adjudication: ____________________________

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

15. Sentence or action imposed by the court: (ex: six months in Travis County Jail):
   ____________________________

16. For renewals, did this conviction or deferred adjudication occur since your last license was issued: ☐ No ☐ Yes

17. Are you currently on parole?: ☐ No ☐ Yes  
   (If yes list your reporting officer’s name and phone number below)
   Parole Officer’s Name: ____________________________  
   Area Code: ________ Phone Number: ____________________________

18. Are you currently on probation?: ☐ No ☐ Yes  
   (If yes list your reporting officer’s name and phone number below)
   Probation Officer’s Name: ____________________________  
   Area Code: ________ Phone Number: ____________________________

19. Date and Signature
   ____________________________  
   By signing below, I affirm I am the applicant completing this form and understand that if I fail to
   provide full and accurate information, the issuance or renewal of my license could be delayed or denied.
   ____________________________  
   Signature of Applicant

TDLR Form LIC002 rev June 2015