



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## USED AUTOMOTIVE PARTS RECYCLER EMPLOYEE APPLICATION INSTRUCTIONS

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.

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

1. NAME – Write your legal name as it will appear on your license. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (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.texasattorneygeneral.gov/child-support](http://www.texasattorneygeneral.gov/child-support) 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 LOCATION - Write the physical location of your residence. Do not use a post office box.
7. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you during the day or where we can leave you a message.
8. FAX NUMBER - Write a fax number, including the area code, where you can receive faxes.
9. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license 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.
10. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any mis-demeanor 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](http://www.tdlr.texas.gov/MISC/lic002.pdf)

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm)

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/DisciplinaryActionQuestionnaire.pdf](http://www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf)
12. STATEMENT OF APPLICANT - Carefully read the statement of applicant before signing and dating the 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 occupational 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>.

**SEND YOUR COMPLETED APPLICATION 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, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via web form. The web form will allow you to submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help>. You may also reach us at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## USED AUTOMOTIVE PARTS RECYCLER EMPLOYEE LICENSE APPLICATION

**Do Not Write Above This Line**

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.  
APPLICATION FEE: \$25 (FEE IS NON-REFUNDABLE)**

**1. Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (JR, SR, III)

**2. Date of Birth:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

**3. Gender:**

Male  Female

**4. Social Security Number:**

(See instruction sheet for disclosure information) \_\_\_\_\_

**5. Mailing Address:** (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**6. Physical Location:** (A PO box is not allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**7. Phone Number:**

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

**8. FAX Number:**

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

**9. Email Address:**

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

**10. Have you 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.

Yes  No

**See instruction sheet for more information**

**11. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?** If YES, attach a Disciplinary Action Questionnaire to this application for each action. (This does not include your driver license.)

Yes  No

**12. STATEMENT OF APPLICANT**

By signing and submitting this application, I certify that information submitted on this and any attached forms is true and correct. I further certify that I will comply with all applicable provisions of the Texas Towing Act; Texas Occupations Code, Chapter 2303 and Chapter 2308; Texas Administrative Code, Chapter 60; the Towing Administrative Rules, Texas Administrative Code, Chapter 86; and the Vehicle Storage Administrative Rules, Texas Administrative Code, Chapter 85. I understand that providing false information on this application may result in revocation and/or denial of the license I am requesting and the imposition of administrative penalties and sanctions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed