



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

USED AUTOMOTIVE PARTS RECYCLER CONTROLLING PERSON AMENDMENT FORM 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. Use a paperclip to fasten all pages together, with the 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 CHECK OR MONEY ORDER.

- Use this form to add or delete controlling persons associated with this company. Be sure to sign and date below.
- A used automotive parts recycling company must provide information for all controlling persons. This includes all owners, partners, principals, corporate officers, operators or managers.
- To add or delete a controlling person, provide all information for that person below and check the appropriate box.

1. COMPANY LICENSE NUMBER - Write the license number of this business in the space provided.
2. CRIMINAL HISTORY - Check YES or NO to indicate if any added controlling person has been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, each controlling person with convictions must complete and attach a Criminal History Questionnaire. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/LIC002.pdf
3. DISCIPLINARY ACTION HISTORY - Check YES or NO to indicate if any added controlling person had an occupational license, certification, or registration suspended, revoked, or denied in any state. If YES, each controlling person having an occupational license or registration suspended, revoked, or denied in any state must complete and attach a Disciplinary Action Questionnaire for each action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf
4. COMPLETE THE INFORMATION BELOW TO ADD OR DELETE A CONTROLLING PERSON OF THIS COMPANY - Check the box to indicate if a controlling person is being added or deleted. Provide the name, title, birthdate, gender and social security number of the controlling person. 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. SIGNATURE AND DATE - The owner or authorized representative must sign and date the form.

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 [TDLR website](http://www.tdlr.texas.gov). You can request assistance or submit required attachments via [TDLR webform](http://www.tdlr.texas.gov/webform). You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).



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USED AUTOMOTIVE PARTS RECYCLER CONTROLLING PERSON AMENDMENT FORM

1. Company License Number: _____

- Use this form to add or delete controlling persons associated with this company. Be sure to sign and date below.
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- To add or delete a controlling person, provide all information for that person below and check the appropriate box.

Used Automotive parts Recycling Business License Eligibility as required by 87.21.

An applicant, a partner, principal, officer, or general manager of the applicant, or another license or permit holder with a connection to the applicant may be ineligible for a used automotive parts recycling business license, if the applicant, a partner, principal, officer, or general manager of the applicant, or another license or permit holder with a connection to the applicant has:

1. before the application date, been convicted of, pleaded guilty or nolo contendere to, or been placed on deferred adjudication for:
 - (a). A felony; or
 - (b). A misdemeanor punishable by confinement in jail or by a fine exceeding \$500;
2. violated an order of the commission or executive director, including an order for sanctions or administrative penalties; or
3. knowingly submitted false information on the application.

2. Criminal History:

Has any owner, partner, principal, corporate officer, operator, or manager for this company been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No

If YES, each person with a criminal history must complete and attached a [Criminal History Questionnaire \(PDF\)](#) for each offense.

3. Disciplinary History:

Has any owner, partner, principal, corporate officer, operator, or manager for this company ever have an occupational license, certification, or registration suspended, revoked, or denied in any state? Yes No

If YES, attach a [Disciplinary Action Questionnaire \(PDF\)](#) to this application. This does not include your driver license.

4. COMPLETE THE INFORMATION BELOW TO ADD OR DELETE A CONTROLLING PERSON OF THIS COMPANY

Check here if you are **ADDING** this controlling person Check here if you are **DELETING** this controlling person

Name: _____ Male Female
Last First Middle

Title _____ Social Security Number: _____
(See instruction sheet for disclosure information)

Check here if you are **ADDING** this controlling person Check here if you are **DELETING** this controlling person

Name: _____ Male Female
Last First Middle

Title _____ Social Security Number: _____
(See instruction sheet for disclosure information)

5. Signature and Date

Signature of Owner or Authorized Representative

Date Signed