



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

USED AUTOMOTIVE PARTS RECYCLER BUSINESS APPLICATION INSTRUCTIONS

1. **BUSINESS NAME** - Provide the full name of your business to be registered (40 character maximum).
2. **DOING BUSINESS AS (DBA) NAME** - Provide the full DBA name for your business.

What is a "Doing Business As" Name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.

It's important to note that when you form a business, the legal name of the business defaults to the name of the person or entity that owns the business, unless you choose to rename it and register it as a DBA name.

For example, consider this scenario: John Smith sets up a painting business. Rather than operate under his own name, John instead chooses to name his business: "John Smith Painting". This name is considered an assumed name and John will need to register it with the appropriate local government agency.

Do I need a DBA name? A DBA is needed in the following scenarios:

Sole Proprietors or Partnerships – If you wish to start a business under anything other than your real name, you'll need to register a DBA so that you can do business as another name.

Existing Corporations or LLCs – If your business is already set up and you want to do business under a name other than your existing corporation or LLC name, you will need to register a DBA.

3. **TYPE OF OWNERSHIP** - Check the box that shows how your business is organized.
4. **FEDERAL ID NUMBER** - Provide the federal ID number that is used by your business. Information about Federal or Employer ID numbers can be found at: [Internal Revenue Service](#).
5. **SOCIAL SECURITY NUMBER** - Social Security Number disclosure is required by Section 231.302(c)(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](#).
6. **MAILING ADDRESS** - Provide your current mailing address. This is the address where we will send you mail. A post office box can be used.
7. **PHYSICAL LOCATION** - Provide the physical address of your business. Do not use a post office box.
8. **BUSINESS PHONE NUMBER** - Provide a telephone number, including the area code, where we can reach you during the day or where we can leave you a message.
9. **POINT OF CONTACT** - Provide the name, title, email address, and phone number of a person we can contact about this used automotive parts recycler business. Please provide your email address so the department may email li-cense information and required notices to you. Your email address is confidential pursuant to the Texas Public Infor-mation Act, and the department will not share it with the public.
10. **AGENT FOR SERVICE** - Provide the name, phone number, and address for the agent for service if this company is not located in Texas.
11. **INSURANCE** - Attach a certificate of insurance documenting that this company has general liability insurance of not less than \$250,000 as required by the Texas used Automotive Parts Recycling Act 2309.153(2) and the Used Automotive parts Recycling Administrative Rules 87.40.
12. **STORM WATER PERMIT** - Check YES, if you are required to obtain a storm water permit and attach a copy. Check NO if you are not required to have a storm water permit.
13. **STATEMENT OF APPLICANT** - Carefully read the statement of applicant before signing and dating the application. Appendix A must be completed and submitted with the application and fee.

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, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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USED AUTOMOTIVE PARTS RECYCLER BUSINESS APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$75.00 (FEES ARE NON-REFUNDABLE)

1. Business Name: (as it will appear on your license, 40 character limit)

2. Doing Business As (DBA) Name:

3. Type of Ownership:

- Sole Proprietorship
 Corporation
 Limited Partnership
 Limited Liability Company
 Limited Liability Partnership
 General Partnership

4. Federal ID Number: (if a Corporation)

5. Social Security Number: (If no federal ID, provide SSN of Owner)

See instruction sheet for disclosure information

6. 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

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

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code

8. Business Phone Number

(Area Code) Phone Number

9. Point of Contact: (Print name)

Name: _____ **Title:** _____

Email Address: _____

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

Phone Number: _____

(Area Code) Phone Number

10. Agent for Service: (Only required if company is not located in Texas)

Name: _____

Phone Number: _____

(Area Code) Phone Number

Mailing Address: _____

Number, Street Name, Suite Number

City

State

Zip Code

11. Insurance: Call your insurance agent to obtain a Certificate of Insurance

Is certificate of insurance attached? Yes No

Attach a certificate of insurance documenting that this company has general liability insurance of not less than \$250,000 as required by the Texas Used Automotive Parts Recycling Act 2309.153(2) and the Used Automotive parts Recycling Administrative Rules 87.40.

Requirements for the Certificate of Insurance:

- Use a Certificate of Insurance approved by the Texas Department of Insurance.
- List the type of insurance, policy number, effective and expiration dates, and limits (Combined Single Limits \$250,000);
- Name and physical address of insured must match the company name and physical address on this application or be specified in the description of operations/locations area;
- Indicate that the policy is for general liability OR garage liability;
- Certificate holder must be: TDLR, PO Box 12157, Austin, TX 78701

To see an approved certificate of insurance, go to the [Texas Department of Insurance](#).

12. Storm Water Permit: The Texas Used Automotive parts Recycling Act requires an applicant to provide proof of a storm water permit, if the applicant is required by the Texas Commission on Environmental Quality (TECQ) to obtain a permit.

Are you required to obtain a storm water permit? Yes No

If YES, attach a copy of your storm water permit. If NO, note that by checking NO, you attest that you are aware of the requirements for a storm water permit and have it filed with Texas Commission on Environmental Quality ([TECQ](#)).

13. 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 Used Automotive Parts Recycling Act; Texas Occupations Code, Chapter 2309; Texas Administrative Code, Chapter 60; the Used Automotive Parts Recycler Administrative Rules, Texas Administrative Code, Chapter 87; 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 of Owner or Authorized Representative

Printed Name

Title

Date Signed



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Appendix A: Criminal History Background Information

Name of Used Automotive Parts Recycler Company:

Background information on Applicants, Owners, Partners, Principals, Corporate Officers, and General Manager(s). Use additional sheets if necessary.

Used Automotive parts Recycler 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 penal-ties; or
3. knowingly submitted false information on the application.

Name: _____
Last First Middle Initial

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

Date of Birth: _____ Gender: Male Female

Have you been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

Have you ever had 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).

Name: _____
Last First Middle Initial

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

Date of Birth: _____ Gender: Male Female

Have you been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

Have you ever had 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).