



PROFESSIONAL EMPLOYER ORGANIZATION NEW LICENSE 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. BUSINESS NAME - Provide the full name of the business applying for a license. The company name must match the name of the company listed on the Texas Secretary of State Certificate of Authority or Certificate of Incorporation enclosed with your application
2. DOING BUSINESS AS (DBA) - Provide all DBAs used by the business applying for a license (if applicable). If using a DBA, provide the "Doing Business As" certificate from the Texas Secretary of State.
3. FEDERAL ID NUMBER - Provide the business Federal ID Number (FIN) in the space provided.
4. NUMBER OF COVERED EMPLOYEES IN TEXAS - Provide the number of employees the business has assigned in Texas. If there are none at this time, enter "0"; **do not leave blank**.
5. NUMBER OF CLIENTS IN TEXAS - Provide the number of clients the business has in Texas. If there are none at this time, enter "0"; **do not leave blank**.
6. TYPE OF OWNERSHIP - Check the box that shows how the business is organized.
7. MAILING ADDRESS - Write the current mailing address for the business. This is the address where we will send mail to the business. A post office box can be used.
8. PHYSICAL ADDRESS - Write the physical address of the business. Do not use a post office box.
9. BUSINESS PHONE NUMBER - Write the main phone number for the business applying for this license.
10. BUSINESS FAX NUMBER - Write the main fax number for the business applying for this license.
11. POINT OF CONTACT - Write the name, title, email address, and phone number of a person we can contact about the business. Please provide your email address so the department may email license information 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.
12. TEXAS SECRETARY OF STATE DOCUMENT - An application for a new license must include a copy of a document from the Texas Secretary of State that recognizes the business entity. This document must be issued in exactly the same business name as the applicant for this license and can be in the form of a Certificate of Authority or Certificate of Incorporation. Contact the Texas Secretary of State at (512) 463-5555 or at www.sos.state.tx.us for more information. Enclose this document with your application
13. WORKING CAPITAL REQUIREMENTS - Professional Employer Organizations must submit an audited financial statement that shows positive working capital. Enclose your most recent audited financial statement with this application.

"Working capital" of an applicant means the applicant's current assets minus the applicant's current liabilities as determined by generally accepted accounting principles. An applicant for an original or renewal license must demonstrate positive working capital in the following amounts:

- (1) \$50,000 if the applicant employs fewer than 250 covered employees;
- (2) \$75,000 if the applicant employs at least 250 but not more than 750 covered employees; and
- (3) \$100,000 if the applicant employs more than 750 covered employees.

The audited financial statement must be prepared in accordance with generally accepted accounting principles, be audited by an independent certified public accountant, and be without qualification as to the going concern status of the applicant.

Note: surety bonds, letters of credit, or guarantees *alone* will no longer be accepted as proof of positive working capital. You **MUST** submit an audited financial statement for the company named on this form. Any deficiencies in the working capital requirement may be satisfied through guarantees, letters of credit, a surety bond or other security acceptable to TDLR, provided they are accompanied by the company's audited financial statement. For more information on working capital requirements, see our website: www.tdlr.texas.gov/peo/peo.htm or call us at (800) 803-9202.

14. CONTROLLING PERSONS AND/OR CORPORATIONS - Enclose a Controlling Person Personal Information Form (**Form #003**) for each Controlling Person of the business. A Controlling Person is defined as an individual who:

- possesses direct or indirect control of 25 percent or more of the voting securities of a corporation that offers or proposes to offer professional employer services;
- possesses the authority to set policy and direct management of a company that offers or proposes to offer professional employer services;
- is employed, appointed, or authorized by a company that offers or proposes to offer professional employer services to enter into a contract with a client company on behalf of the company; **or**
- a person who is an officer or director of a corporation or a general partner of a partnership that offers or proposes to offer professional employer services.

Note that a person who meets ANY ONE of the above definitions is considered a Controlling Person.

If a corporation has a controlling interest in the company applying for this license, provide a Controlling Corporation Corporate Information Form (**Form #005**).

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.

15. ADDITIONAL ATTACHMENTS & INFORMATION -

- **Designated Agent for Service (page 2).** The business must have a designated agent for service of process located in the state of Texas. Complete the information in the space provided.
- **Workers' Compensation Certificate of Insurance.** If the business offer workers' compensation insurance to its employees in Texas, a Certificate of Insurance must be submitted with this application. Insurers must be authorized by the Texas Department of Insurance (www.tdi.texas.gov).
- **Fingerprint Submission for Controlling Persons.** For a new license application, each Controlling Person must submit a set of fingerprints for both FBI and DPS. More information may be found at http://www.txdps.state.tx.us/administration/crime_records/pages/applicantfingerprintservices.htm. Please follow all directions on the FAST Fingerprint Pass form located on the last page of the application. If an applicant is fingerprinted with the wrong ORI number, they will need to be reprinted and all fees will need to be paid.

16. AUTHORIZED SIGNATURE - Carefully read the statement; print your name, and title; sign and date your application.

17. INSURANCE INFORMATION - List all types of insurance coverage offered to covered employees in Texas. Insurers must be authorized by the Texas Department of Insurance. If applicant offers workers' compensation insurance, a Certificate of Insurance must be enclosed with this application. Do not enclose any other type of certificate of insurance, booklet, or paperwork for any other type of insurance except workers' compensation.

If the business offers a self-funded benefit plan, a copy of the approval from the Texas Department of Insurance must be submitted. TDI may be contacted at (512) 463-6169 or (800) 252-3439 or online at www.tdi.texas.gov

Submit this completed application, any attachments and the appropriate fees to:

Texas Department of Licensing and Regulation
P. O. Box 12157
Austin, TX 78711-2157

For additional forms and information, visit our website at: www.tdlr.texas.gov/peo/peo.htm

For questions or comments, contact us at (800) 803-9202 or cs.peo@tdlr.texas.gov



TEXAS DEPARTMENT OF PUBLIC SAFETY CRIME RECORDS SERVICE

Access & Dissemination Bureau



PROCEDURE TO ACCESS CRIMINAL HISTORY RECORD INFORMATION (CHRI) FOR (Department of Licensing & Regulation-Professional Employer Organization)

FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS FAST locations operated by Identogo. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11H744> or by calling 1-888-467-2080. DPS FAST locations operated by Identogo are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses.

1. SCHEDULING YOUR FINGERPRINT APPOINTMENT:

Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11H744> or by calling 1-888-467-2080.

When Scheduling Online:

- Select **Schedule Appointment**.
- Follow the prompts to enter requested information.
- Select a location nearest to you and a convenient date and time.
- Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

When Scheduling Over The Phone:

- Have the Texas Fingerprint Service Code form before calling.
- MorphoTrust will prompt you for the service code.
- The service code for a personal review is **11H744**.
- The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.
- You will select a location nearest to you for your fingerprint appointment.
- Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

2. YOUR FINGERPRINT APPOINTMENT:

- Arrive at your scheduled appointment with your photo identification and fee payment.
- If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: <http://www.t1enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
- MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.

****Please note that personal checks and cash will not be accepted.***

- Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
- At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
- Do not throw away the receipt.
- You may check status on your submission by clicking on this link: <https://uenroll.identogo.com/servicecode/11H744>

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST: The following process must be followed to submit fingerprint hard cards to MorphoTrust. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-5079.

3. PRE-ENROLL YOUR FINGERPRINT HARD CARD SUBMISSION:

Online Registration:

- You may begin the process now by clicking on this link: <https://uenroll.identogo.com/servicecode/11H744>.
- Choose "Submit a Fingerprint Card by Mail".
- Complete Person Information and Designated Recipient screens.
- Complete payment screen.
- Print the confirmation document (contains bar code).
- Sign the waiver and fill in contact information.

Telephone Registration:

- You may contact MorphoTrust at 888-467-2080.
- Please have the TX Fingerprint Service Code form before you call –MorphoTrust will prompt you for the Service Code.
- Your Service Code is **11H744**.
- Inform the MorphoTrust representative that you wish to pre-enroll for a "hard card submission".
- Once payment is complete a summary confirmation document will be emailed to you.
- Print the confirmation document, sign the waiver and fill in the contact information
- Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation page.

**PROCEDURE TO ACCESS CRIMINAL HISTORY RECORD INFORMATION (CHRI) FOR
(Department of Licensing & Regulation-Professional Employer Organization)**

PAY BY CREDIT CARD, BUSINESS CHECK OR MONEY ORDER

During your registration you will be provided an opportunity to make your payment by credit card or to elect to mail in your payment by business check or money order made out to MorphoTrust USA with your submission.

*** No Personal Checks will be accepted**

4. COMPLETE THE FINGERPRINT CARD:

Following information regarding person whose record is to be searched, must be completed on the fingerprint card:

- a) Printed last name, first name, middle name of individual, including all alias names.
- b) Sex, race, date of birth, Social Security Number.
- c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit <https://uenroll.identogo.com/servicecode/11H744> or call 1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

*The cost for obtaining an ink card may vary and is not included in the Texas Background check fingerprint registration process or fee. **Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.***

5. SUBMISSION:

Mail the completed Personal Review Service Code Form, completed fingerprint card and payment (if applicable) to:

**MorphoTrust USA Texas Card Scan
3051 Hollis Dr, Ste 310
Springfield, IL 62704**



IdentoGO
By MorphoTrust USA

Dept of Licensing & Regulation-Prof Employer Org

Texas Fingerprint Service Code Form

Service Name: Dept of Licensing & Regulation-Prof Employer Org

To schedule your ten-minute fingerprint appointment, simply click [here](#) or visit <https://uenroll.identogo.com> and enter the following Service Code

11H744

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 PO Box 12157 • Austin, Texas 78711-2157
 (800) 803-9202 • (512) 463-6599 • FAX (512) 463-5984
 www.tdlr.texas.gov • cs.peo@tdlr.texas.gov

PROFESSIONAL EMPLOYER ORGANIZATION

NEW 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: (FEE IS NON-REFUNDABLE)

0 - 249 Employees in Texas:	\$300
250 - 749 Employees in Texas:	\$450
750 or more Employees in Texas:	\$700

COMPANY INFORMATION

1. Business Name:

2. Doing Business As (D/B/A), if applicable: _____ **3. Federal ID Number:** _____

4. Number of covered employees in Texas: _____ **5. Number of clients in Texas:** _____

6. Type of Ownership:
 Sole Proprietorship Corporation Limited Partnership
 Limited Liability Company Limited Liability Partnership General Partnership

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

 Number, Street Name, Suite Number

 City _____ State _____ Zip Code _____

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

 Number, Street Name, Suite Number

 City _____ State _____ Zip Code _____

9. Business Phone Number: _____ **10. Business Fax Number:** _____
 (_____) _____ (_____) _____
 Area Code Phone Number Area Code Phone Number

11. Point of Contact: (Print name)
Name: _____ **Title:** _____
Email Address: _____ **Phone Number:** (_____) _____
 (Ex: Johndoe@aol.com) See instruction sheet for disclosure information Area Code Phone Number

12. Texas Secretary of State Document - An application for a new license must include a copy of a document from the Texas Secretary of State that recognizes the business entity. This document must be issued in exactly the same business name as the applicant for this license and can be in the form of a Certificate of Authority or Certificate of Incorporation. Contact the Texas Secretary of State at (512) 463-5555 or at www.sos.state.tx.us for more information. Enclose this document with your application.

13. WORKING CAPITAL REQUIREMENTS

All professional employer organization companies must submit an audited financial statement that shows positive working capital. Enclose your most recent audited financial statement with this application.

“Working capital” of an applicant means the applicant’s current assets minus the applicant’s current liabilities as determined by generally accepted accounting principles. An applicant for an original or renewal license must demonstrate positive working capital in the following amounts:

- (1) \$50,000 if the applicant employs fewer than 250 covered employees;
- (2) \$75,000 if the applicant employs at least 250 but not more than 750 covered employees; and
- (3) \$100,000 if the applicant employs more than 750 covered employees.

The audited financial statement must be prepared in accordance with generally accepted accounting principles, be audited by an independent certified public accountant, and be without qualification as to the going concern status of the applicant.

Note: Surety bonds, letters of credit, or guarantees *alone* are no longer accepted as proof of positive working capital. You **MUST** submit an audited financial statement for the company named on this application. Any deficiencies in the working capital requirement may be satisfied through guarantees, letters of credit, a surety bond or other security acceptable to TDLR, provided they are accompanied by the company’s audited financial statement. For more information on working capital requirements, see our website: www.tdlr.texas.gov/peo/peo.htm or call us at (800) 803-9202.

14. CONTROLLING PERSONS AND/OR CORPORATIONS

Forms are available at our website: www.tdlr.texas.gov/peo/peoforms.htm

- enclose a Controlling Person Personal Information Form for each Controlling Person of your company.
- please follow all directions on the FAST Fingerprint Pass form on the last page of this application.
- enclose a Controlling Corporation Information Form, if applicable.

15. ADDITIONAL ATTACHMENTS & INFORMATION

- WORKERS’ COMPENSATION CERTIFICATE OF INSURANCE:** Enclose a certificate of insurance if you offer **workers’ compensation** insurance to covered employees in Texas. Insurers must be authorized by Texas Department of Insurance (www.tdi.texas.gov).
- DESIGNATED AGENT FOR SERVICE** (required): Provide the following information for your agent for service of process in Texas:

Agent Name	(_____)	_____	-	_____
	Agent Phone			
Agent Address	City	TX	State	Zip Code

16. AUTHORIZED SIGNATURE

I certify that I have read and will comply with all applicable provisions of the Professional Employer Organization Act, Title 2, Labor Code, Subtitle E, and the current Department of Licensing and Regulation rules. If the license is issued, I agree to furnish to the Department of Licensing and Regulation any change in information on this form and all attached documents within **FORTY-FIVE (45) DAYS** of the change. Application fees are non-refundable.

Licensure is subject to revocation if the Department is not notified, in writing, of any changes in the information given on this application or if there is a rule or law violation.

I certify that all information submitted on this application and on all attached documents is true and correct.

Authorized Representative’s Signature _____ Date _____

Authorized Representative’s Printed Name _____ Date _____



**PROFESSIONAL EMPLOYER ORGANIZATION
 CONTROLLING PERSON PERSONAL INFORMATION FORM**

This form must be completed by each controlling person as defined in Section 91.001(7) of the Professional Employer Organizations Act. **NOTE: All information must be typed or printed in ink.**

1. Controlling Person's Full Name:

_____ Last _____ First _____ Middle _____ Suffix _____

2. Other Name(s) (if applicable):

3. Date of Birth:

_____ - _____ - _____
 Month Day Year

4. Gender:

Male Female

5. *Social Security Number:

(See below for disclosure information) _____

6. Title:

7. Percentage of Ownership: _____%

8. Phone Number:

(_____) _____
 Area Code Phone Number

9. **Email Address:

_____ Email address (ex: johndoe@aol.com) (See below for disclosure information)

10. Home Address: (a PO Box cannot be used for this address)

_____, _____, _____ City State Zip Code

11. ANSWER THE FOLLOWING QUESTIONS:

(if you have any doubt about the accuracy of an answer, the question should be answered "Yes" and an explanation provided.)

- a) Yes No Do you have educational, managerial or business experience relevant to the operation of a business entity offering professional employer services?
- b) Yes No Do you have educational, managerial or business experience relevant to service as a controlling person of a professional employer organization?
- c) Yes No Have you ever filed a petition under any chapter of the bankruptcy code or has any professional employer organization in which you owned a percentage file bankruptcy?
- d) Yes No Have you ever had any judgments entered against you or against any professional employer organization in which you had an ownership interest?
- e) Yes No Are there any unsatisfied liens on your property for failure to pay taxes?
- f) Yes No Are you operating or acting as a controlling person for a professional employer organization in ANY other state? (If YES, attach a list of the companies, names, addresses, phone numbers, and State license/registration numbers.)
- g) Yes No Have you ever been refused a license or license renewal for a professional employer organization in another state?
- h) Yes No Have you or a professional employer organization in which you had ownership interest ever been disciplined by another state regulatory agency?
- i) Yes No Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? If YES, attach a completed Criminal History Questionnaire for each offense. You can find this form at www.tdlr.texas.gov
- j) Yes No Are you in arrears of ANY taxes?
- k) Yes No Are you in arrears on any guaranteed student loan? Please be aware that if you apply for renewal while you are in arrears on a guaranteed student loan, your license will not be renewed.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST ATTACH AN EXPLANATION FOR EACH.

12. Signature: By signing this form, I affirm that I am at least 18 years of age and have educational, managerial, or business experience relevant to operate a business entity offering professional employer services; or service as a controlling person of a professional employer organization. I also authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Texas Department of Licensing and Regulation, whether the records are public, private, or confidential in nature.

 Applicant Signature

 Date Signed

* Social security number (SSN) disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your SSN 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.

** Please provide your email address so the Department may email license information 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.



**PROFESSIONAL EMPLOYER ORGANIZATION
 CONTROLLING CORPORATION CORPORATE INFORMATION FORM**

This form must be completed by each corporation that owns a controlling interest in a company pursuing a Professional Employer Organization license. **NOTE: All information must be typed or printed in ink.**

1. Name of Controlling Corporation:

2. Type of Corporation:

C-TYPE S-TYPE

3. Federal ID Number:

4. Percentage of Ownership: _____%

5. Mailing Address:

Number, Street Name, Suite Number City State Zip Code

6. Physical Address:

Number, Street Name, Suite Number City State Zip Code

7. Phone Number:

(_____) _____
 Area Code Phone Number

8. *Email Address:

*Email address (ex: johndoe@aol.com) (See below for disclosure information)

9. Name of company (applicant) controlled by this corporation:

10. ANSWER THE FOLLOWING QUESTIONS:

(if you have any doubt about the accuracy of an answer, the question should be answered "Yes" and an explanation provided.)

- a) Yes No Is your company operating or acting as a controlling corporation for a Professional Employer Organization in any other state? (If YES, you must attach a list of the companies, addresses, phone numbers, and copies of the licenses.)
- b) Yes No Has your company ever had ownership interest in a Professional Employer Organization that has been refused a license or license renewal in ANY other state?
- c) Yes No Has your company ever had ownership interest in a Professional Employer Organization that has been disciplined by another state regulatory agency?
- d) Yes No Has your company ever had ownership interest in a Professional Employer Organization that has filed for bankruptcy?

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST ATTACH AN EXPLANATION FOR EACH.

11. Authorized Signatures:

I certify that I have read and will comply with all applicable provisions of the Professional Employer Organizations Act, Title 2, Labor Code, Subtitle E, and the current Department of Licensing and Regulation Administrative Rules. I certify that all information submitted on this information form and on all attachments is true and correct.

Signature of Company President

Date

Signature of Company Secretary

Date

Printed Name of Company President

Printed Name of Company Secretary

* Please provide your email address so the Department may email license information 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.