



**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.