

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157 www.tdlr.texas.gov

PROFESSIONAL EMPLOYER ORGANIZATION CONTROLLING PERSON INFORMATION FORM NO CHANGE OF INFORMATION

This form must be completed by a controlling person of a Professional Employer Organization, as defined in Section 91.001(7) of the Professional Employer Organization Act.

You must only use this form if there has been NO CHANGE in your personal information since your previous renewal or application. If there has been any change in your information, complete a new <u>Controlling Personal Information Form (PDF)</u>.

1. Name of Professional Employer Or	ganization applying for renewal:		
2. Controlling Person's Full Name: (init	ials not acceptable)		
Last	First	Middle	Suffix
3. Authorized Signatures:			
ization Labor Code, and 16 Texas Admir attachments is true, accurate, and comp ments, all information previously provide Personal Information Form and attachment	with all applicable provisions of Chapter 91 nistrative Code, Chapter 72. I certify all infollete. I further certify that, except as otherwised in the most recent Professional Employer ents remains true, accurate, and complete. revocation of the registration or imposition or red.	rmation submitted on the se indicated in this form organization Controllin I understand that provice	is form and or attach- ng Person ding false in-
Authorized Signature Date		Date Signed	
Printed Name		Title	
SEND YOUR COMPLETED REQUEST	AND REQUIRED DOCUMENTS TO:		
Texas Department of Licensing and Rep P.O. Box 12157 Austin, TX 78711-2157	gulation		
Documents submitted with your applica attachments.	tion will not be returned. Keep a copy of yo	ur completed application	n and all
webform will allow you to submit your re	s, visit the <u>TDLR website</u> or reach Customer equest for assistance and include attachmer through Friday (excluding holidays) at (800)	nts needed. Customer S	Service

463-6599, or Relay Texas-TDD: (800)735-2989.