



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
PO Box 12157 ● Austin, Texas 78711-2157  
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871  
www.tdlr.texas.gov ● cs.property.tax.consultants@tdlr.texas.gov

## TEXAS ATTORNEY APPLICATION FOR A SENIOR PROPERTY TAX CONSULTANT EXAMINATION 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. **Do not use staples.**

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS.**

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and II. (MR is not a suffix.)
2. DATE OF BIRTH – Write your birthdate. You must be at least 18 years of age.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – 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](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014.
5. TEXAS STATE BAR CARD NUMBER - Write your Texas attorney bar card number. You must be license to practice law in the state of Texas to be eligible for the exam.
6. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. A post office box can be used as a mailing address. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. PHONE NUMBER -- Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS – Write your email address. 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.
9. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you sign and date your application.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297.**



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**Do Not Write Above This Line**

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

A completed application is required prior to scheduling your exam. If your application is approved, we will notify the exam provider (PSI) and they will send you a postcard with information about scheduling your exam. You must pay the exam fee directly to the exam provider (PSI).

**1. Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix (JR, SR, III)

**2. Date of Birth:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

**3. Gender:**

Male  Female

**4. Social Security Number:**

(See instruction sheet for disclosure information) \_\_\_\_\_

**5. Texas State Bar Card Number:**

\_\_\_\_\_

**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. Phone Number:**

(\_\_\_\_\_) \_\_\_\_\_  
 Area Code Phone Number

**8. Email Address:**

\_\_\_\_\_ (Ex: johndoe@aol.com) See instruction sheet for disclosure information

**9. STATEMENT OF APPLICANT**

I certify all information submitted on this and attached forms are true and accurate. I understand that the contents of the qualifying examination are confidential and that revealing questions and answers to another applicant or to any person associated with a school or examination preparation course may mollify my exam results. If I am asked to reveal the contents of an examination, I will not do so.

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Signature of Applicant