



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SERVICE CONTRACT ADMINISTRATOR REGISTRATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

1. NAME OF PROVIDER – Provide the full name of the business to be registered (40 character maximum).
2. ASSUMED NAME(S) OR DOING BUSINESS AS (DBA) NAME(S) – Enter all assumed names or DBAs used by the provider applying for registration. If you use an assumed name or DBA attach an Assumed Named Certificate from the Texas Secretary of State's Office or from the Texas county where you filed the DBA or assumed name.
3. TYPE OF OWNERSHIP – Select the box that shows how the business is organized.
4. FEDERAL TAX ID NUMBER – Enter the federal ID number that is used by the business. Information about Federal or Employer ID numbers can be found at [IRS website](#).
5. MAILING ADDRESS – Provide the current mailing address for the business. This is the address where we will send you mail. A post office box can be used.
6. PHYSICAL LOCATION – Enter the physical address of the business. Do not use a post office box.
7. BUSINESS PHONE NUMBER – Provide the main business phone number, including the area code, where we can reach you during the day or where we can leave you a message.
8. BUSINESS FAX NUMBER – Enter the main business fax number, including the area code, where you can receive faxes.
9. POINT OF CONTACT – Provide the name, title, email address, and phone number of a person we can contact about your 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.
10. SERVICE CONTRACT PROVIDER – List their name and Texas Service Contract Provider TDLR Registration Number. Attach additional sheets if necessary.
11. CONTROLLING PERSONS – List all controlling persons associated with this Administrator. Answer all questions associated with each controlling person. Make additional copies as needed.
12. STATEMENT OF APPLICANT – Carefully read the statement; print your name, and title; sign and date your application.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

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

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 463-9468. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

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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SERVICE CONTRACT ADMINISTRATOR REGISTRATION APPLICATION

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

APPLICATION FEE: \$250.00 (FEE IS NON-REFUNDABLE)

1. Name of Administrator:

2. Assumed Name(s) or "Doing Business As" (DBA) Name(s): (attach a separate sheet if necessary)

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

4. Federal Tax ID Number:

5. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A P.O. Box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

6. Physical Location: (A P.O. Box is not allowed for this address)

Number, Street Name, Suite Number, City, State, Zip Code

7. Business Phone Number:

(Area Code) Phone Number

8. Business Fax Number:

(Area Code) Phone Number

9. Point of Contact: (Print or Type Name)

Name:

Title:

Email Address:

Phone Number:

(ex:johndoe@gmail.com) See instruction sheet for disclosure information

(Area Code) Phone Number

10. Service Contract Provider or Providers for which you will act as an Administrator:

(attach additional sheets if necessary)

Provider Name

TDLR Provider Registration Number

Provider Name

TDLR Provider Registration Number

11. CONTROLLING PERSONS

List all controlling persons associated with the Administrator applying for this registration. List the name title, and percentage of ownership for each controlling person. Attach additional sheets if necessary.

In the Service Contract Regulatory Act, a controlling person means an individual who meets any one of the following:

- possesses direct or indirect control of at least 25% of the voting securities of a corporations;
- possesses the authority to set policy and direct the management of a business entity;
- is the president, secretary, or a director of a corporation; or
- is a general partnership.

An individual who is a controlling person of a corporation or other business entity that is the general partner of a limited partnership is a controlling person of the limited partnership.

Controlling Person #1:

Yes No Have you ever violated Texas Occupations Code, Chapter 1304; 16 Texas Administrative Code, Chapter 77; or an order issued by the Commission or Executive Director of TDLR? If YES, attach a separate sheet to explain.

Yes No Have you ever had any type of license, issued under Title 13 of the Insurance Code, revoked?

Yes No Has the provider or administrator you are associated with ever had a license or registration revoked in this state or another state?

Printed Name Title % Ownership

Controlling Person #2:

Yes No Have you ever violated Texas Occupations Code, Chapter 1304; 16 Texas Administrative Code, Chapter 77; or an order issued by the Commission or Executive Director of TDLR? If YES, attach a separate sheet to explain.

Yes No Have you ever had any type of license, issued under Title 13 of the Insurance Code, revoked?

Yes No Has the provider or administrator you are associated with ever had a license or registration revoked in this state or another state?

Printed Name Title % Ownership

Controlling Person #3:

Yes No Have you ever violated Texas Occupations Code, Chapter 1304; 16 Texas Administrative Code, Chapter 77; or an order issued by the Commission or Executive Director of TDLR? If YES, attach a separate sheet to explain.

Yes No Have you ever had any type of license, issued under Title 13 of the Insurance Code, revoked?

Yes No Has the provider or administrator you are associated with ever had a license or registration revoked in this state or another state?

Printed Name Title % Ownership

12. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of Texas Occupations Code, Chapters 51, and 1304, and 16 Texas Administrative Code, Chapters 60 and 77. I certify all information submitted on this form and any attachments is true and accurate. I understand that providing false information on this application or any attachment may result in imposition of administrative penalties and/or sanctions, including denial of the application or revocation of the registration.

Applicant Signature Date Signed

Printed Name Title