



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](http://www.tdlr.texas.gov) ● [cs.service.contract.providers@tdlr.texas.gov](mailto:cs.service.contract.providers@tdlr.texas.gov)

## SERVICE CONTRACT ADMINISTRATOR REGISTRATION 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, with the check or money order on top. **Do not use staples.**

**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. NAME OF PROVIDER - Write the full name of the business to be registered (40 character maximum).
2. ASSUMED NAME(S) OR DOING BUSINESS AS (DBA) NAME(S) - Write 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 - Check the box that shows how the business is organized.
4. FEDERAL TAX ID NUMBER - Write the federal ID number that is used by the business. Information about Federal or Employer ID numbers can be found at: [www.irs.gov/businesses](http://www.irs.gov/businesses).
5. MAILING ADDRESS - Write 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 - Write the physical address of the business. Do not use a post office box.
7. BUSINESS PHONE NUMBER - Write 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 - Write the main business fax number, including the area code, where you can receive faxes.
9. POINT OF CONTACT - Write 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.



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**SERVICE CONTRACT ADMINISTRATOR REGISTRATION 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: \$250 (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 PO box is allowed for this address)

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

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

Number, Street Name, Suite Number/Apartment 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 name)  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_\_) \_\_\_\_\_  
 (Ex: Johndoe@aol.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
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Provider Name	TDLR Provider Registration Number
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**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
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**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
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**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
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**12.****STATEMENT OF APPLICANT**

I certify that I will comply with all applicable provisions of Texas Occupations Code, Chapter 51 and 1304, and 16 Texas Administrative Code, Chapter 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 attachments may result in imposition of administrative penalties and/or sanctions, including denial of the application or revocation of the registration.

Applicant Signature	Date Signed
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Printed Name	Title
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