



SERVICE CONTRACT PROVIDER CONTROLLING PERSON - PERSONAL INFORMATION FORM

This form must be completed by each controlling person as defined in Occupations Code, Section 1304.0035

NOTE: All information must be typed or printed in ink.

1. Name of registered or proposed service contract provider under which this personal information is required:

2. Controlling Person's Full Name:

_____ Last

_____ First

_____ Middle

_____ Suffix

3. Other Name(s) (if applicable):

4. Date of Birth:

_____ Month

_____ Day

_____ Year

5. Gender:

Male

Female

6. *Social Security Number:

(See below for disclosure information) _____

7. Title: _____

8. Percentage of Ownership: _____%

9. Phone Number:

(_____) _____

Area Code

Phone Number

10. **Email Address:

_____ Email address (ex: johndoe@aol.com) (See below for disclosure information)

11. Home Address: (a PO Box cannot be used for this address)

Number, Street Name, Suite Number

City

State

Zip Code

12. 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 Has any business for which you are or were a controlling person filed a petition under any chapter of the U.S. Bankruptcy Code or been placed in receivership?
- b) Yes No Are you operating or acting as a controlling person for any other service contract provider, administrator or seller?
- c) Yes No Have you or a service provider, administrator or seller in which you are or were a controlling person ever been denied or refused a license or license renewal in any state?
- d) Yes No Have you or a service provider, administrator or seller in which you are or were a controlling person ever been disciplined by a state regulatory body?
- e) Yes No Have you or a service contract provider, administrator or seller in which you are or were a controlling person ever been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory or disciplinary action?
- f) Yes No Have you or a service contract provider, administrator or seller in which you are or were a controlling person ever had a license issued under Title 13 of the Texas Insurance Code revoked?
- g) Yes No Have you or a service contract provider, administrator or seller in which you are or were a controlling person ever had a provider, administrator, or seller license or registration revoked in any state?
- h) Yes No Have you or a service contract provider, administrator or seller in which you are or were a controlling person ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

If you answered "Yes" to any of the above questions, attach copies of documentation and separate pages providing the necessary details including names, contact information, dates, locations, and dispositions.

13. Signature: 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 revocation of the registration.

Applicant Signature

Date Signed

Printed Name

Title

* Social security number (SSN) disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your SSN 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 or call (512) 460-6000 or (800) 252-8014.

** By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.