



**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

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**Service Contract Provider Controlling Person  
Biographical Affidavit, No Change of Information**

PURSUANT TO TEXAS OCCUPATIONS CODE, CHAPTER 1304

**DO NOT WRITE ABOVE THIS LINE**

**NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.**

This form must be completed by each Service Contract Provider Controlling Person, as defined in §1304.0035.

**1. Present or proposed service contract provider under which this biographical affidavit is required:**

**2. Controlling Person's Full Name (initials not acceptable) :**

**3. SIGNATURE**

I certify that I will comply with all applicable provisions of Chapters 51 and 1304, Texas Occupations Code, and 16 Texas Administrative Code, Chapters 60 and 77. I certify all information submitted on this form and attachments is true and accurate, and complete. I further certify that, except as otherwise indicated in this form or attachments, all information previously provided in my most recent Service Contract Provider Controlling Person Biographical Affidavit and attachments remains true, accurate, and complete. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Provider under which this form is required.

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title