

Texas Licensing Information

Residents & Non-Residents

Complete the enclosed license application and mail to:

Texas Department of Licensing and Regulation
PO Box 12157
Austin, TX 78711

Please enclose a \$30 money order or cashiers check made payable to Texas Department of Licensing and Regulation. **Texas Department of Licensing and Regulation does not accept personal checks.**

Please note: If you have been convicted of a felony you will need to complete the attached Criminal History Questionnaire. If you have had an occupational license revoked, suspended or denied you will need to complete the attached Disciplinary Action Questionnaire.

The Texas Department of Licensing and Regulation will mail the license to you. Please mail or fax a copy of your license to Pre-Paid Legal Services, Inc., PO Box 1443, Ada, OK 74820. Once we have received a copy of your license, you may begin marketing.

The license will expire annually. You will be notified of the renewal.

If you have any questions, please call a Pre-Paid Legal Licensing Representative at (580) 436-7424.

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P. O. Box 12157 Austin, Texas 78711-2157 (800) 803-9202 (512) 463-6599 FAX (512) 475-2871
www.license.state.tx.us lsc@license.state.tx.us

APPLICATION FOR:

For-Profit Legal Service Contract Sales Representative Registration

PURSUANT TO TITLE 5, TEXAS OCCUPATIONS CODE, CHAPTER 953

Do NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW				
RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
	05015	\$30.00		

NOTICE REGARDING APPLICABLE FEES

- If you submit an insufficient fee amount with this application, Or submit an outdated application form OR an incomplete application, it may be returned to you. To verify the correct form version and required fees, consult the TDLR web site (www.license.state.tx.us) or contact TDLR using the information at the top of this form.
- All fees are required with this application - total fee required = \$30. Application fees are not refundable. Attach a money order or cashier check. No personal checks will be accepted

DO NOT WRITE ABOVE THIS LINE

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

NAME																
	LAST			FIRST				MI								
LIST OTHER NAMES USED																
SOCIAL SECURITY NUMBER ¹				GENDER		DATE OF BIRTH	M	M	/	D	D	/	Y	Y	Y	Y
TELEPHONE NUMBER	()			EMAIL ADDRESS ²												
MAILING ADDRESS																
CITY					STATE		ZIP									
PHYSICAL ADDRESS																
CITY					STATE		ZIP									

Name of company(s) for which you sell Legal Service Contracts.											
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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Include all felonies and misdemeanors other than traffic tickets. If YES, attach a completed Criminal History Questionnaire.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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HAVE YOU EVER HAD AN OCCUPATIONAL LICENSE REVOKED, SUSPENDED OR DENIED IN ANY STATE? If YES, then attach a completed Disciplinary Action Questionnaire.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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PLEASE PROVIDE A LIST OF COMPANIES FOR WHICH A SALES REPRESENTATIVE WILL SELL OR SOLICIT LEGAL SERVICE CONTRACTS PURSUANT TO SECTION 953.052

I CERTIFY THAT I HAVE READ AND WILL COMPLY WITH ALL APPLICABLE PROVISIONS OF CHAPTERS 51 AND 953, TEXAS OCCUPATIONS CODE, AND 16 TEXAS ADMINISTRATIVE CODE CHAPTERS 57 AND 60. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN REVOCATION OF THE LICENSE I AM REQUESTING AND THE IMPOSITION OF ADMINISTRATIVE PENALTIES.

SIGNATURE

DATE

¹State 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 Student Loan Corporation, P.O. Box 15996, Austin, Texas 78761-5996, Telephone: 1-800-222-6297.**

²If you provide your email address, the Department will add your address to the legal service contracts' list server, which provides information from the Department on matters affecting legal service contracts. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link:
<http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>.

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www.license.state.tx.us ·

CRIMINAL HISTORY QUESTIONNAIRE

If you have been convicted of a criminal offense, the Department must review your criminal history to determine if you are eligible to obtain a license. Please list all convictions and provide all other information requested below. You should be very specific and provide exact details. Questions regarding this form may be addressed to the Department's Enforcement Division at enforcement@license.state.tx.us, or by phone at (512) 463-2906.

Name: _____ Social Security #: _____

Address: _____

Phone: _____ E-mail: _____

PART ONE: If you have been convicted of a felony or misdemeanor, **other than a minor traffic violation**, or pleaded guilty or no contest (nolo contendere) to any such offense, please complete this section. If you have more than one conviction, please provide the requested information as to each conviction. Attach additional pages if necessary.

County where convicted: _____
(Example: Brazoria County, Texas)

Court where convicted: _____
(Example: 300th District Court)

Date of conviction: _____

Exact crime of which you were convicted: _____

Sentence imposed by court, or other action taken by court: _____

Specific actions or events leading to conviction: _____

Are you currently on probation or parole? _____ Yes _____ No

If so, what are the terms and conditions of your probation or parole?

Please provide name and phone number of your reporting officer:

PART TWO: If you are renewing your license, please complete this section.

Have any of these convictions occurred since your license was last issued:

_____ Yes _____ No If yes, explain: _____

Failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: _____ Date: _____

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DISCIPLINARY ACTION QUESTIONNAIRE

If you have had an occupational license revoked, suspended, probated or denied in any state, county or municipality, the Department must review your disciplinary action history to determine if you are eligible to obtain a license. Please provide the information requested below. You should be very specific and provide exact details. Questions regarding this form may be addressed to the Department's Enforcement Division at enforcement@license.state.tx.us, or by phone at (512) 463-2906.

Name: _____ SSN: _____

Address: _____

Phone: _____ E-mail: _____

PART ONE: If you have had an occupational license revoked, suspended or probated, please complete this section. If you have had more than one suspension, revocation, or probation of license, please provide the requested information as to each action. Attach additional pages if necessary.

Type of occupational license: _____

Full name the license was held in: _____

License number: _____

Dates it was held: _____

Name and address of Agency that issued license: _____

Name and address of Agency that imposed sanctions, if different from issuing Agency:

Please describe the exact type of sanction received: _____

(Example: revocation, suspension, probation, etc.)

If suspended or probated, specify the length of the suspension or probation: _____

(Example: 6 months)

Date sanction imposed: _____

Please state the specific reason(s) for the revocation, suspension or probation: _____

If the license was placed on probation, what were the terms and conditions? _____

Did you successfully complete the probation? ____ Yes ____ No

If not, why? _____

PART TWO: If you applied for an occupational license and it was denied, please complete this section. If you have had more than one license denial, please provide the requested information as to each denial. Attach additional pages if necessary.

Type of occupational license applied for: _____

Full name used on application for the license: _____

Date applied for: _____

Date denied: _____

Name and address of Agency that denied license: _____

Please state the specific reason(s) for the denial: _____

Failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: _____

Date: _____