



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.tdlr.texas.gov - cs.service.contract.providers@tdlr.texas.gov

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. Present or proposed service contract provider under which this personal information form is required:

2. Controlling Person's Full Name:

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

4. Social Security Number : 5. Gender (M/F) :

6. Date of Birth: 7. Percentage of Ownership:

8. Title: 9. E-mail address: (See Notice Under Provider Registration Instructions #8)

10. Home Address: STREET ADDRESS MUST BE DESIGNATED BELOW. Do not list a PO Box

Number, Street, Suite No., Apt. No. City State Zip

11. Phone Number: 12. Fax Number:

13. PLEASE 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.)

- Questions a) through g) regarding bankruptcy, other providers, license denials, disciplinary actions, and revocations.

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

14. Signature

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

Applicant's signature Date

Printed Name Title