

Credit Access Business New Application Checklist

Checklist for New Applications

Below is a checklist designed to assist you in compiling and submitting required documents for a new credit access business license application. Ensure all required and applicable documents are submitted with the application package.

The OCCC processes completed application packages in the order in which they were received. The OCCC may request additional information to fully process application materials in accordance with statute and administrative rules. An application package is not considered complete until all required documents and supporting materials are received by the agency.

It is recommended that the applicant review Chapter 393 of the Texas Finance Code and Chapter 83, Subchapter B, of the Texas Administrative Code prior to completing the application materials.

REQUIRED DOCUMENTS FOR ALL APPLICANTS

- ☐ Application for License (ADM10)
- ☐ Branch Location Application (CAB10), if applicable
- ☐ Third-Party Lender Disclosure (CAB12)
- ☐ Statutory Agent Disclosure (ADM13)
- ☐ Statement of Experience (ADM23)
- ☐ Business Operations Plan (CAB13)
- ☐ Consent Form & Payment of Fees (CAB11)
- ☐ Financial Statement (ADM17 or Current Balance Sheet)
- ☐ Supporting Financial Information (ADM18 & ADM19)
- ☐ Proof of filing an assumed name (d/b/a), if applicable
- ☐ Proof of CSO (Credit Service Organization) Registration with the Texas Secretary of State

Each Principal Party must submit the following:

- ☐ Personal Affidavit (ADM14)
- ☐ Personal Employment History (ADM15)
- ☐ Personal Questionnaire (ADM16)
- ☐ Electronic Fingerprints*

*Fingerprint Submission

All principals identified in the Application for License (ADM10) are required to provide fingerprints electronically.

The OCCC will issue fingerprint authorization forms, including instructions on how to provide electronic fingerprints and current fees, to the principal party or applicant after an initial review of the application package has been conducted.

Applicants and Principal Parties should not send fingerprints prior to receiving this authorization. Payment of fees for fingerprint processing will be made directly to the third-party vendor.

ADDITIONAL REQUIREMENTS: CORPORATIONS

- ☐ Certificate of Good Standing with Texas Comptroller of Public Accounts
- ☐ Most Recent Quarterly & Annual Reports (*Publicly-Held Corporations Only*)
- ☐ Certificate of Authority to Operate in Texas (*Foreign Corporations Only*)
- ☐ Articles of Incorporation
- ☐ Corporate Bylaws
- ☐ If parent corporation is sole or part owner, narrative describing each level of ownership and management, up to natural person (not another entity)
- ☐ Minutes of corporate meetings recording the selection of all current officers and directors, the appointment of the statutory agent, and other pertinent items.

ADDITIONAL REQUIREMENTS: LIMITED LIABILITY COMPANIES

- ☐ Certificate of Authority to Operate in Texas (*Foreign Companies Only*)
- ☐ Articles of Organization
- ☐ Operating Agreement
- ☐ Minutes of members appointing the statutory agent and electing the management names in the operating agreement.

ADDITIONAL REQUIREMENTS: PARTNERSHIPS

- ☐ Partnership Agreement, signed and dated by all partners
- ☐ Certificate of Authority to Operate in Texas (*Foreign Limited Partnerships Only*)
- ☐ Articles of Partnership, as filed with Texas Secretary of State (*Limited Partnerships Only*)
- ☐ Financial Statement or Current Balance Sheet of each partner (*General Partnerships Only*)

ADDITIONAL REQUIREMENTS: TRUSTS

- ☐ Copy of the instrument that created the trust and trust agreement

ADDITIONAL REQUIREMENTS: ESTATES

- ☐ Copy of the instrument that established the estate

ADDITIONAL REQUIREMENTS: FOREIGN ENTITY

- ☐ Statement of Recordkeeping (ADM22)

Instructions for submitting applications are located on the following page...

Credit Access Businesses (CAB) may submit application materials through electronic submission or through postal/delivery services. Instructions on electronic and postal/delivery service submission are listed below.

**Keep copies of all documents
submitted to the OCCC**

ELECTRONIC SUBMISSION

- ☐ Complete all required forms noted on Page 1 of the "New Application Checklist"
- ☐ Complete CAB Consent Form (CAB11) and calculate fees owed
- ☐ Assemble supporting and requested documentation
- ☐ Submit documentation
 - ☐ Scan and email documents to cab.apps@occc.state.tx.us
 - ☐ Sign and mail CAB Consent Form (CAB11)
- ☐ Make payment for fees and assessments
 - ☐ Make payment by credit card by calling 512.936.7600 *(allow two hours between time of email submission and phone call), OR*
 - ☐ Make payment by check or money order, and submit payment with signed copy of CAB11

When submitting applications electronically, you must mail a copy of the CAB Consent Form (CAB11). This form must contain original signature(s) and must be received within ten (10) days of the electronic submission.

If the consent form is not received within ten (10) days, the application will not be accepted.

POSTAL OR DELIVERY SERVICE SUBMISSION

- ☐ Complete all required forms noted on Page 1 of the "New Application Checklist"
- ☐ Complete CAB Consent Form (CAB11) and calculate fees owed
- ☐ Assemble supporting and requested documentation
- ☐ Submit all documentation and payment via postal or delivery service
 - Submit all materials to:
 - ☐ Office of Consumer Credit Commissioner
2601 N Lamar Blvd
Austin, TX 78705
 - ☐ Make payment by check or money order, and submit payment with application materials

Application for License

Regulated Industry

Ownership Structure	License Status (License will be)	Application Type
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CHECKLISTS AND INSTRUCTIONS FOR COMPLETING APPLICATIONS ARE PROVIDED ON THE OCCC WEBSITE. ENSURE YOU READ ALL CHECKLISTS, INSTRUCTIONS, AND ADMINISTRATIVE RULES BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION.

Section 1: Identifying Information

Entity Name or Name of Owner/Sole Proprietor

FEIN (Federal Employment Identification Number), or
SSN (Social Security Number) of Owner/Sole Proprietor

Operating Name (d/b/a)

Is the applicant seeking a *credit access business license* or *motor vehicle sales finance license*, and does the applicant conduct business with consumers through branch offices or other business locations?

Transfer License Number (if applicable)

☐ Yes

☐ No

Mailing Address

If "Yes", complete the appropriate form below for each location:

CAB10 - Branch location (for Credit Access Business license applications)

No. of Branch Locations for this Application

City State Zip Code

MV-61 - Registered Offices (for Motor Vehicle Sales Finance license applications)

No. Registered Offices for this Application

Location Address

Location Phone Number

City State Zip Code County

Location Fax Number

Website Address

Name of Location Manager

Section 2: Main Office Contact Information

Contact Information for Application

Compliance Officer

Name

Name

Title

Title

Email Address

Email Address

Business Phone Number

Business Phone Number

Fax Number

Fax Number

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Application for License (Continued)

Section 3: Owners and Principal Parties

Proprietorships: Include spouses with community property interest.

Limited Partnerships, Corporations, & Other Entities: Provide ownership information as required by:

7 TAC, §83.302 (Regulated Lenders),
7 TAC, §84.602 (Motor Vehicle Sales Finance),
7 TAC, §85.202 (Pawn Shops), or
7 TAC, §89.302 (Property Tax Lender)

General Partnerships: Provide names of all general partners regardless of percentage of ownership

If additional space is needed, attach a document identifying all required information noted below.

Owners: Proprietors, Partners, Members, or Stockholders

Name	% of Ownership	Name	% of Ownership
Name	% of Ownership	Name	% of Ownership
Name	% of Ownership	Name	% of Ownership
Name	% of Ownership	Name	% of Ownership

Principal Parties

Officers

President	Vice President	Secretary
Treasurer	Other	Other

Directors

Name	Name	Name
Name	Name	Name
Name	Name	Name

Other Principal Parties (Members, Managers, Etc)

Name	Name	Name
Name	Name	Name

Section 4: Disclosure Questions

If the answer to any of the below questions is "YES", provide a summary of each event or proceeding and copies of relevant documents as an attachment.

	YES	NO
(A) Has the entity or control affiliate ever:		
1) been convicted of or pled guilty or <i>nolo contendere</i> ("no contest") to a felony in a domestic, foreign, or military court; or	<input type="checkbox"/>	<input type="checkbox"/>
2) been charged with any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(B1) During the past ten (10) years, has the entity or control affiliate been convicted of or pled guilty or <i>nolo contendere</i> in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: financial services or a financial services related business, fraud, false statements, theft or wrongful taking of property, bribery, perjury, forgery, counterfeiting, or extortion?	<input type="checkbox"/>	<input type="checkbox"/>
(B2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B1)?	<input type="checkbox"/>	<input type="checkbox"/>
(C) In the past ten (10) years, has any state, federal, or foreign regulatory agency ever:		
1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair, or unethical;	<input type="checkbox"/>	<input type="checkbox"/>
2) found the entity or a control affiliate to have been involved in a violation of a financial services related regulation(s) or statute(s);	<input type="checkbox"/>	<input type="checkbox"/>
3) found the entity or a control affiliate to have been the cause of a financial services related business having its authorization to do business denied, suspended, revoked or restricted;	<input type="checkbox"/>	<input type="checkbox"/>
4) entered an order against the entity or control affiliate in connection with a financial services related activity; or,	<input type="checkbox"/>	<input type="checkbox"/>
5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by order, prevented it from associating with a financial services related business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or state or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the entity or a control affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Section C(4)?	<input type="checkbox"/>	<input type="checkbox"/>
(F1) Has any domestic or foreign court in the past ten (10) years:		
a) enjoined the entity or control affiliate in connection with any financial services related activity;	<input type="checkbox"/>	<input type="checkbox"/>
b) found the entity or a control affiliate to be in violation of any financial services related statute(s) or regulation(s); or	<input type="checkbox"/>	<input type="checkbox"/>
c) dismissed, pursuant to a settlement agreement, a financial services related civil action brought against the applicant or control affiliate by a state or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(F2) Is the entity or a control affiliate named in any pending financial services related civil action that could result in a "yes" answer to any part of (F1)?	<input type="checkbox"/>	<input type="checkbox"/>
(G) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Does the entity have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are to be answered by Pawnshop License Applicants only.

(I) If applicant intends to deal in firearms, has applicant applied for or obtained a Federal Firearms License?

(J) Within what municipal jurisdiction is the shop to be located?

(K) If the application is for a new pawnshop license, provide the straight-line distance from the proposed location to the nearest operating pawnshop. *(Be exact)*

The undersigned affirms that all answers made in the application for license, disclosure of owners and principal parties, application questionnaire and disclosure questions, and in all supporting schedules and exhibits are true, correct, and complete and are made for the purpose of securing the license(s) indicated here. The applicant is of good moral character, good business repute, and possesses the character and general fitness necessary to warrant belief that the applicant will operate the business lawfully and fairly within the provisions of the Texas Finance Code. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Credit Access Business Branch Application

**THIS FORM IS TO BE USED IN CONJUNCTION WITH THE "APPLICATION FOR LICENSE (ADM10)"
and "THIRD-PARTY LENDER ORGANIZATIONS (CAB12)"**

If the applicant indicated on the "Application for License (ADM10)" that business is conducted with consumers through branch offices or other locations, the applicant must complete this form to apply for additional branch licenses.

If the application is a transfer application for a branch location, include the license number being transferred.

Entity Name or Name of Owner/Sole Proprietor

FOR OFFICE USE ONLY

Entity License No. _____

Operating Name (d/b/a)

Transfer License No. _____

☐ Active License

☐ Inactive License

Location Address

Location Phone Number

City

State

Zip Code

County

Location Fax Number

Individual Responsible for Day-to-Day Operations

Title of Individual Responsible for Day-to-Day Operations

Email Address of Individual Responsible for Day-to-Day Operations

Entity Name or Name of Owner/Sole Proprietor

FOR OFFICE USE ONLY

Entity License No. _____

Operating Name (d/b/a)

Transfer License No. _____

☐ Active License

☐ Inactive License

Location Address

Location Phone Number

City

State

Zip Code

County

Location Fax Number

Individual Responsible for Day-to-Day Operations

Title of Individual Responsible for Day-to-Day Operations

Email Address of Individual Responsible for Day-to-Day Operations

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Credit Access Business Third-Party Lender Organizations

**THIS FORM IS TO BE USED IN CONJUNCTION WITH THE "APPLICATION FOR LICENSE (ADM10)",
"CREDIT ACCESS BUSINESS BRANCH APPLICATION (CAB10)" or
"CREDIT ACCESS BUSINESS BRANCH APPLICATION - 90 DAYS (CAB22)", AS APPROPRIATE**

Provide the names, physical addresses, and telephone numbers of all third-party lender organizations with which the business contracts to provide services or from which the business arranges extensions of consumer credit. If the business uses more than one third-party lender, specify the branch or location that will be using the services of the identified third-party lender.

If additional space is required, attach a document identifying all required information noted below.

Name of Third-Party Lender

Business Phone Number

Mailing Address

Branch Location(s) Using This Lender:

City

State

Zip Code

Name of Third-Party Lender

Business Phone Number

Mailing Address

Branch Location(s) Using This Lender:

City

State

Zip Code

Name of Third-Party Lender

Business Phone Number

Mailing Address

Branch Location(s) Using This Lender:

City

State

Zip Code

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Appointment of Statutory Agent and Consent to Service

The address provided for the statutory (registered) agency MUST be an address within the state of Texas. If the statutory (registered) agent is a natural person, the physical address provided for that individual must be different than that of the licensed location.

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

The undersigned, being an applicant for or a holder of a:

- ☐ Regulated Loan License under the provisions of TEX. FIN. CODE Section 342.001, *et. seq.*
- ☐ Pawnshop License under the provisions of TEX. FIN. CODE Section 371.001, *et. seq.*
- ☐ Property Tax Loan License under the provisions of TEX. FIN. CODE Section 351.001, *et. seq.*
- ☐ Motor Vehicle Sales Finance License under the provisions of TEX. FIN. CODE Section 348.001, *et. seq.*
- ☐ Credit Access Business License under the provisions of TEX. FIN. Code Section 393.001, *et. seq.*
- ☐ Commercial Motor Vehicle License under the provisions of TEX. FIN. Code Section 353.001, *et. seq.*
- ☐ Debt Management Registration under the provisions of TEX. FIN. Code Section 394.001, *et. seq.*

does hereby appoint the following agent upon whom may be served all judicial and other process or legal notice directed to this applicant.

Name of Agent

who is a resident of the State of Texas and the County of _____ at _____

Agent Address

City

State

Zip Code

Phone Number

Fax Number

In case of the agent's death, disqualification, legal disability, or removal from the state, service of all judicial and other process of legal notice may be made upon the Consumer Credit Commissioner, State of Texas.

Signature of Owner, Officer, or Director

Printed Name

Title

Date

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Statement of Experience

Information provided below should relate to the applicant's prior experience in the operation of a business or conducting transactions related to the regulated industry for which a license is being sought.

If the applicant or its principal parties have no significant experience in the operation of a business or conducting transactions related to the regulated industry for which a license is being sought, the applicant must provide a written statement explaining applicant's:

- relevant business experience or education,
- opinion as to why the commissioner should find that the applicant has the requisite experience, and
- plans on how the applicant will obtain the necessary knowledge to conduct business transactions lawfully and fairly.

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

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Business Operation Plan

Credit Access Business

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

The applicant must attach a brief narrative to the application explaining

- the source of customers,
- the purpose of the extensions of consumer credit,
- the size of the extensions of consumer credit,
- the source of working capital for planned operations
- the types of consumer credit products to be extended to consumers, as advertised by the business, and
- the contractual loan term, in days, of each consumer credit product to be offered to consumers.

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Credit Access Business Consent Form (New Application)

*This form must be completed by an authorized individual, as defined by the
Texas Administrative Code §83.3002(1)(A)(iii).*

Branch Location Fees	Fee	Qty	Total	License Transfer Fees	Fee	Qty	Total
Investigation Fee:	\$200	X	=	Investigation Fee:	\$200	X	=
Assessment for Active Licenses:	\$600	X	=				
Assessment for Inactive Licenses:	\$250	X	=				
Texas Financial Education Endowment:	\$200	X	=				
Total Amount Due				Total Amount Due			

Enter "1" in the "Qty" field for either Branch Location or License Transfer Fees. A single investigation fee must be paid for each type of application.

Pay either the "Total Amount Due" for new licenses sought OR for the transfer of licenses. Do not pay the total due for both columns.

Each application is assessed a \$200 investigation fee, as shown above. You need only pay one investigation fee.

Each new location is assessed a \$200 fee, per location for the Texas Financial Education Endowment fund.

Checks and money orders are payable to the Office of Consumer Credit Commissioner. Cash payments are not accepted.

<input type="checkbox"/> New Application	<input type="checkbox"/> Transfer Application	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Active License	License No. _____	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Inactive License		<input type="checkbox"/> Limited Partnership	Other _____

Licensee Information (This information should match Section 1 of the "Application for License (ADM10)"

Entity Name or Name of Owner/Sole Proprietor _____

FEIN (Federal Employment Identification Number), or
SSN (Social Security Number) of Owner/Sole Proprietor _____

Operating Name (d/b/a) _____

Mailing Address _____

Location Address _____

City State Zip Code City State Zip Code County

Application Fees (if more than four checks are submitted, provide a list of each check number, amount of each check, and a total of all amounts)

Check Number	Check Amount	Check Number	Check Amount	<input type="checkbox"/> Paid by Credit Card
				Date Paid
				Amount Paid
Check Number	Check Amount	Check Number	Check Amount	

Authorized Individual Information and Consent

I swear or affirm that I have voluntarily executed this form and:

- (1) have read and understand the terms and instructions on this form;
- (2) all answers made in the application are true, correct, and complete and are made for the purpose of securing the license(s) indicated herein;
- (3) the applicant is of good moral character, good business repute, and possesses the character and general fitness necessary to warrant belief that the applicant will operate the business lawfully and fairly within the provisions of the Texas Finance Code.
- (4) I understand that I am subject to administrative, civil, or criminal penalties if I give false or misleading answers;
- (5) I understand that false or materially incomplete answers are grounds for denial;
- (6) I have read and understand applicable federal and state laws, and will be in compliance with those laws at all times;
- (7) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (8) No action, fact, or information has changed that would have required a materially different answer than that given in the last new or transferred license application

Full Name of Authorized Individual _____

Title _____

Phone Number _____



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Financial Statement

Entity Name or Name of Owner/Sole Proprietor (as identified in License Application) _____

Individual's Name _____

Financial condition as of: _____

Financial condition cannot be dated any earlier than
90 days preceding the application date for Credit Access Businesses, or
60 days preceding the application date for all other regulated industries
Partners' statements must all reflect the same date.
Complete and attach Schedules 1 - 6 to this form (with the exception of Motor Vehicle Sales Finance Applicants)
Attach a separate statement if space is insufficient for full disclosure.

ASSETS		LIABILITIES & NET WORTH	
BUSINESS ASSETS		LIABILITIES	
Cash in Banks & Other Depositories (Sch 1)		Loans Payable to Fin. Institutions-Secured (Sch 6)	
Cash on Hand		Loans Payable to Fin. Institutions-Unsecured (Sch 6)	
Pawn Loans Receivable (Excl Fin. Chgs) (Sch 2)		Line of Credit - Drawn (Sch 6)	
Other Loans & Accounts Receivable Less Reserve for Bad Debts (Sch 2)		Loans Payable to Relatives (Sch 6)	
Stocks & Bonds (Sch 4)		Loans Payable to Others (Sch 6)	
Real Estate (Sch 5)		Retail Accounts Payable - Personal	
Automobiles & Trucks No. of Vehicles _____		Accounts Payable - Business	
Other Assets (Describe Fully)		Mortgage Loans Payable, Homestead (Schs 5 & 6)	
Total Business Assets (See Note 1)		Mortgage Loans Payable, Other (Schs 5 & 6)	
PERSONAL ASSETS (Sole Proprietors & Partners Only)		Unpaid Income Taxes	
Cash in Banks & Other Depositories (Sch 1)		Other Unpaid Taxes - Business	
Cash Value Life Insurance, Net (Sch 3)		Other Unpaid Taxes - Personal	
Stocks & Bonds (Sch 4)		Unearned Charges on Receivables	
Automobiles & Trucks, Exempt No. of Vehicles _____		Provision for Fed Income Tax on Unrealized Gain on Appreciated Property	
Household Goods/Other Exempt Personal Property		Other Liabilities (Describe Fully)	
Other Assets (Describe Fully)		TOTAL LIABILITIES	
Total Personal Assets (See Note 2)		NET WORTH (Assets minus Liabilities)	
<p>Note 1: Business assets must be reported at the lower of original cost or current market value. If pawnshop inventory is essential to your meeting the net asset requirement, you must attach a list of those items.</p> <p>Note 2: If you have listed any appreciated assets at their current market value (e.g. stocks & bonds), you must report a Provision for Federal Income Taxes on the unrealized gain on those assets.</p>		TOTAL LIABILITIES AND NET WORTH	
		CONTINGENT LIABILITIES	
		As Endorser or Co-Maker	
		On Leases or Contracts	
		Legal Claims	
		Other Special Debt	

The undersigned affirms that information in the Personal Financial Statement and Supporting Financial information (Schedules 1 - 6) has been carefully reviewed and is true, correct, complete and in accordance with GAAP (General Accepted Accounting Principles) standards. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Signature _____

Date _____

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Supporting Financial Information

Schedules 1 - 3

To be submitted with "Financial Statement (ADM17)"

If additional space is needed, attach a document identifying all required information noted below.

First Name

Middle Name (Full)

Last Name

As of Date:

Entity Name or Name of Owner/Sole Proprietor
(as identified in Application for License)

Must match "As of" date on ADM17

Sched. 1: Cash on Deposit

Exact Name & Mailing Address of Bank or Other Depository	Account Name Account No.	Account Type	Amount	Any Restrictions on Withdrawal

Sched. 2: Accounts, Loans, & Notes Receivable

Description	Principal Amount	Security	Term	Acquisition Date	Rate of Fin. Charge	Delinquency Rate

Sched. 3: Life Insurance

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
		Policy Assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
		Policy Assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
		Policy Assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
		Policy Assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
		Policy Assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Supporting Financial Information

Schedules 4 - 6

To be submitted with "Financial Statement (ADM17)"

If additional space is needed, attach a document identifying all required information noted below.

First Name

Middle Name (Full)

Last Name

As of Date:

Must match "As of" date on ADM17

Entity Name or Name of Owner/Sole Proprietor

(as identified in Application for License)

Sched. 4: Stocks and Bonds

Description; Name of Corp; No of Shares; and Nature of Business	Location	Par Value	Original Cost (Total)	Total Value at Current Market	Publicly Traded (Y/N)	Date Last Dividend or Interest

Sched. 5: Real Estate

Description and Location	Nature of Improvement	Original Cost	Valuation Current Market	Appraisal District Valuation	Lien (Y/N)	Name on Title

Sched. 6: Loans Payable, Mortgages, and Other Debts

Exact Name and Mailing Address of Creditor	Description of Collateral	Original Principal	Payment Frequency	Payment Amount	Balance Due

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Personal Affidavit

Each principal party as identified in the "Application for License (ADM10)" or "Disclosure of Principal Parties (ADM11)" must complete and file this form. If space is insufficient for any answer, attach a document containing a complete answer.

First Name Middle Name (Full) Last Name

Other Names Used (Alias) _____

Mailing Address _____

City State Zip Code

SSN Date of Birth Current Marital Status ☐ Unmarried ☐ Married ☐ Separated
Sex (Gender) ☐ Male ☐ Female

Licensee or Applicant Name

The undersigned affirms that all answers on the personal affidavit, employment history, personal questionnaire, and in any accompanying statement of facts are true and complete.

Signature of Individual Full Name of Individual (Typed or Printed)

WARNING: The TEX. PENAL CODE, Sec. 37.10 provides that providing false information to a governmental agency may be a third-degree felony offense punishable by not more than ten (10) years in prison or not more than one (1) year in a community correctional facility. In addition to imprisonment, a fine of up to \$10,000 may also be imposed.

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Procedures for obtaining a copy of FBI criminal history record are set forth in Title 26, Code of Federal Regulations (CFR), Section 16.30 through 16.33, or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Personal Employment History

First Name

Middle Name (Full)

Last Name

Provide a **continuous** record of business association for the last ten (10) years, beginning with the present date.
Note: Account for all time spent as a student, unemployed, retired, etc. A resume may be submitted in lieu of this form.

Dates Employed	Company Name and Address	Position and Duties
Month Year From _____ To Present Present		
Month Year From _____ To _____		
Month Year From _____ To _____		
Month Year From _____ To _____		
Month Year From _____ To _____		
Month Year From _____ To _____		

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TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

2601 N Lamar Blvd
Austin, TX 78705
Phone: 512.936.7600
Fax: 512.936.7610
licensing@occc.texas.gov

Personal Questionnaire

First Name

Middle Name (Full)

Last Name

FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL

1. Are you familiar with the statutes and regulations applicable to the business to be licensed? ☐ Yes ☐ No
If you answer "no" to this question, provide a statement explaining why you gave this answer and how you intend to comply with the applicable laws.

IF YOU ANSWER "YES" TO ANY OF THE BELOW QUESTIONS, ATTACH A FULL STATEMENT OF THE FACTS REQUIRING THE "YES" ANSWER

2. The next three (3) questions seek information related to both misdemeanors and felonies. If you answer "Yes" to any of the below, you must provide a **full statement of facts** regarding the incident - even if a lawyer, judge, or other person told you that there would be no record of your arrest - unless you have a legal document on which a judge ordered information about you to be removed from police files and court files (expungement). (ATTACH YOUR STATEMENT AND COPIES OF RECORDS SHOWING DISPOSITION OF ANY ARRESTS).
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Have you ever been arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you every been charged, indicted, OR convicted regarding a violation of any law? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have any outstanding warrants for your arrest? | <input type="checkbox"/> | <input type="checkbox"/> |
3. Have you ever had an affiliation with any pawnshop, loan, or finance business other than listed on your Personal Affidavit or Employment History? ☐ Yes ☐ No
4. Have you ever had any affiliation with:
- | | | |
|--|--------------------------|--------------------------|
| a. a business that was refused a license, withdrew application to avoid refusal, or had its license or permit suspended, cancelled, or revoked? <i>If "Yes", attach copies of final actions.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. any organization that was the subject of bankruptcy, insolvency, or receivership? <i>If "Yes", attach copies of final actions.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
5. Have you:
- | | | |
|---|--------------------------|--------------------------|
| a. held any professional or occupational licenses within the last ten (10) years?
<i>Exclude licenses issued by the Department of Motor Vehicles: GDN or Franchise</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ever had any type of professional or occupational license denied, disapproved, suspended, cancelled or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
6. Have you ever been a defendant in a civil court action or administrative proceeding other than divorce or personal injury? ☐ Yes ☐ No
7. Have you ever made a compromise with creditors, taken bankruptcy, or pled the statute of limitations? ☐ Yes ☐ No
8. Are there any unpaid judgments outstanding against you? ☐ Yes ☐ No

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Statement of Records

Provide a statement as to where records of transactions subject to regulation by the State of Texas will be maintained. If these records will be maintained at a location outside the state of Texas, the applicant must acknowledge responsibility for payment of all travel costs associated with examinations in addition to the assessment fee, or make all records available for examination within the state of Texas.

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

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