Print Form

OCCC
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

Motor Vehicle Sales Finance Transfer of License Checklist

Below is a checklist designed to assist you in compiling and submitting required documensts for a motor vehicle sales finance 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 348 of the Texas Finance Code and Chapter 84 of the Texas Administrative Code prior to completing the application materials.

REQUIRED DOCUMENTS FOR ALL APPLICANTS

- ☐ Application for License (ADM10)
- ☐ Statutory Agent Disclosure (ADM13)
- ☐ Statement of Experience (ADM23)
- ☐ Business Operations Plan (MV-65)
- ☐ List of Registered Offices (MV-61)
- ☐ Copies/Samples of Retail Installment Contracts to be used in financing operations.
- ☐ Copy of any document that transferred ownership in a license by gift, devise, or descent. (7 TAC §84.604(d)(2))
- ☐ Copy of Assumed Name Certificate, as filed with the Texas Secretary of State, if applicable
- ☐ Permission to Operate (Ref: 7 TAC §84.604(e))
- ☐ Payment of Fees (MV-60)

Each Principal Party must submit the following:

- ☐ Personal Affidavit (ADM14)
- ☐ 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
- ☐ 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 LIABILTY COMPANIES

- ☐ Certificate of Authority to Operate in Texas *(Foreign Companies Only)*
- ☐ Articles of Organization
- ☐ Operating Agreement (portions related to management & business operations)
- ☐ 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)*

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)

Keep copies of all documents submitted to the OCCC	Mail completed applications and payments to: Office of Consumer Credit Commissioner 2601 N. Lamar Blvd Austin TX 78705-4207

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Application for License

Regulated Industry

Ownership Structure

License Status (License will be:)

Application Type

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)

Transfer License Number (if applicable) -

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?

☐ Yes ☐ No

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

MV-61 - Registered Offices (for Motor Vehicle Sales Finance license applications)
No. Registered Offices for this Application

Mailing Address

City | State: TX | Zip Code

Location Address

City | State: TX | Zip Code | County

Location Phone Number

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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Section 3: Owners and Principal Parties

Proprietorships: Include spouses with community property interest.

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

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)

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

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

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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.

(A) Has the entity or control affiliate ever:	YES	NO
1) been convicted of or pled guiltyor *nolo contendre* ("no contest") to a felony in a domestic, foreign, or military court; or	☐	☐
2) been charged with any felony?	☐	☐
(B1) During the past ten (10) years, has the entity or control affiliate been convicted of or pled guilty or *nolo contendre* 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?	☐	☐
(B2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B1)?	☐	☐
(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;	☐	☐
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);	☐	☐
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;	☐	☐
4) entered an order against the entity or control affiliate in connection with a financial services related activity; or,	☐	☐
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?	☐	☐
(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?	☐	☐
(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)?	☐	☐
(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;	☐	☐
b) found the entity or a control affiliate to be in violation of any financial services related statute(s) or regulation(s); or	☐	☐
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?	☐	☐
(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)?	☐	☐
(G) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	☐	☐
(H) Does the entity have any unsatisfied judgments or liens against it?	☐	☐

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.

Signature	Title	Date	Signature	Title	Date

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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
		TX	

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

Motor Vehicle Sales Finance
Commercial Motor Vehicle

Entity Name or Name of Owner/Sole Proprietor _____

Operating Name (d/b/a) _____

The applicant must attach a brief narrative to the application explaining

- an estimate of how many motor vehicles will be financed by the applicant each year,
- whether the applicant will hold the retail installment contracts or whether the applicant will assign its retail installment contracts
- whether the applicant will only be accepting contracts from another entity (assignor), and if so, list the types of entities; and
- whether the collections will occur at the licensed location.

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List of Registered Offices
Motor Vehicle Sales Finance License

This form is to be filed only with your initial application for a motor vehicle sales finance license.
If you already have a license, use MV-63 (New Registered Office Notification) to add a registered office.

Definition of Registered Office: Each location other than the licensed location, where a licensee will originate, service, or collect on retail installment contracts subject to Chapter 348 of the Texas Finance Code. The term also includes any additional assumed name that the licensee uses at the single location to engage in a Chapter 348 transaction.

A separate form must be completed for each assumed name being used at a single location. Registered Office Licenses will be issued individually for each assumed name and only one assumed name will be printed per license.

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

Phone Number

Fax Number

Location Address

Person Responsible for financing operations at this location

City

State TX

Zip Code

County

Email Address of Responsible Person

Mailing Address

City

State TX

Zip Code

Operating Name (d/b/a)

Phone Number

Fax Number

Location Address

Person Responsible for financing operations at this location

City

State TX

Zip Code

County

Email Address of Responsible Person

Mailing Address

City

State TX

Zip Code

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Motor Vehicle Sales Finance Application and License Fees

Enter the appropriate information below to calculate fees and assessments due.
Payment may be made by check or money order. *Cash payments will not be accepted.*

Pay by Check or Money Order

Make Check or Money Order Payable to:
Office of Consumer Credit Commissioner

Mail completed materials and application to:
Office of Consumer Credit Commissioner
2601 N Lamar Blvd
Austin, TX 78705-4207

NO FEES OR ASSESSMENTS ARE DUE IF CANCELING OR SURRENDING A LICENSE.

Fees for New License Applications

For each new license application, you must enter ' 1 ' in the quantity field for this line item.

Investigation Fee	$200	X	_____	=	_____
Assessment Fee: Each Licensed Location	$460	X	_____	=	_____
Assessment Fee: Registered Office *	$430	X	_____	=	_____
Investigation Fee: Registered Office *	$25	X	_____	=	_____

Total Amount Due _____

Fees for License Transfers

For each license transfer application, you must enter ' 1 ' in the quantity field for this line item.

Investigation Fee:	$200	X	_____	=	_____
Investigation Fee: Registered Office*	$25	X	_____	=	_____

Total Amount Due _____

Grand Total Due _____

*Do I have a Registered Office?

Do you have more than one location that originates, services, or collects on retail installment contracts? ☐ Yes ☐ No

Do you use more than one assumed name at a single location? ☐ Yes ☐ No

If you answered 'Yes' to either of these questions, you will be required to pay Assessment and Investigation Fees for Registered Offices.

If you have a registered office, your main office location will be designated as the Licensed Location. The primary motor vehicle sales finance license will be issued to this location.

All other locations will be considered Registered Offices and will be issued separate and individual registered office licenses. If more than one assumed name is used at a single location, separate and individual registered office licenses will be issued for each assumed name.

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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 nor 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.

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Personal Employment History

First Name	Middle Name (Full)	Last Name

Provide a **continous** 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		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		

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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?	☐	☐
b. Have you every been charged, indicted, OR convicted regarding a violation of any law?	☐	☐
c. Do you have any outstanding warrants for your arrest?	☐	☐
3. Have you ever had an affiliation with any pawnshop, loan, or finance business other than listed on your Personal Affidavit or Employment History?	☐	☐
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? *If "Yes", attach copies of final actions.*	☐	☐
b. any organization that was the subject of bankruptcy, insolvency, or receivership? *If "Yes", attach copies of final actions.*	☐	☐
5. Have you:		
a. held any professional or occupational licenses within the last ten (10) years? *Exclude licenses issued by the Department of Motor Vehicles: GDN or Franchise*	☐	☐
b. ever had any type of professional or occupational license denied, disapproved, suspended, cancelled or revoked?	☐	☐
6. Have you ever been a defendant in a civil court action or administrative proceeding other than divorce or personal injury?	☐	☐
7. Have you ever made a compromise with creditors, taken bankruptcy, or pled the statute of limitations?	☐	☐
8. Are there any unpaid judgments outstanding against you?	☐	☐

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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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Statement Regarding Previous Motor Vehicle Retail Installment Transactions

This statement is not required if you are purchasing another dealership and have permission to operate under its existing license, as described in 7 TAC §84.604(e).

Entity Name or Name of Owner/Sole Proprietor _____ **Operating Name (d/b/a)** _____

All questions must be answered

	Yes	No
1. Has the applicant made any retail installment contracts from September 1, 2002 to the present?	☐	☐
2. Has the applicant sold vehicles for multiple payments from September 1, 2002 to the present?	☐	☐
3. Has the applicant assigned or sold any retail installment contracts from September 1, 2002 to the present?	☐	☐
4. Has the applicant collected on any retail installment contracts or collected the price of a vehicle in multiple payments from September 1, 2002 to the present?	☐	☐
5. Has the applicant placed any liens on titles from September 1, 2002 to the present?	☐	☐

If you answered "yes" to any of the questions above, provide the following:

A. Submit a list of all contracts made, a list of all vehicles sold for multiple payments, and a list of all accounts collected during this time.

Each list should include:

the name of the buyer,
contract date,
vehicle cash price,
amount of down payment,
net trade-in amount,
total amount financed,
payment frequency (monthly, semi-monthly, bi-weekly, weekly),
total number of payments, and
payment amount(s).

B. From the list you provide, submit copies of ten (10) complete files.

A complete file includes, but is not limited to:

the buyer's order,
signed retail installment contract,
payment history,
certificate of title, application & receipt, and
other documents related to the transaction.

If there are fewer than ten (10) accounts, provide a complete copy of each file.

C. The date when the first contract was assigned, purchased, serviced, or entered into:

_____

D. Number of contracts financed since the date provided in (C).

_____

The undersigned affirms that all answers made in the Statement Regarding Previous Installment Transactions and in all supporting schedules and exhibits are true, correct, and complete. The Office of Consumer Credit Commissioner may conduct an on-site examination to review the information provided.

FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Signature _____ Title _____ Date _____

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