



Regulated Lenders Transfer of License Checklist

Required for all applicants:

1. Statement of Experience ([Form](#))
2. Business Operation Plan ([Form](#))
3. Financial Statement ([Form](#))
4. Supporting financial information (Form [AMD 18](#) & [ADM 19](#))
5. Bank Confirmation ([Form](#))
6. Loan Document – Loan documents not already approved by the OCCC must undergo review with [Plain Language](#) for approval prior to approval of a license
7. License application fee \$800* as of 01/2020**
8. Statutory agent – A Texas resident and an address different from the proposed business location
9. Statement of Record – An address of where the business records will be stored
10. [Principal Party Information](#)
 - a. Personal Affidavit
 - b. Personal Employment History (10 years of **consecutive data** prior to the application submission date)
 - c. Personal Questionnaire
11. Evidence of Transfer – Bill of Sale/Asset purchase agreement
12. Signed & dated [Permission to Operate](#)
13. Fingerprints (Receipt received at the IDENTOGO office) Your reviewer will send you instructions to schedule & complete your fingerprints.

Items 7-10 are processed/entered in ALECS

This is a general checklist. For more detail, review [Texas Administrative Code §83](#), the authority over application requirements.

**License fees are subject to change*

*** As of 01/2020 REG licenses are renewed in December annually regardless of when the license was acquired.*

Additional Requirements For LLC's Corporations, LTD's:

- [Articles of Incorporation from the Texas Secretary of State](#) - (Certificate of Formation, Application for Registration, Certificate of Authority. A Certificate of Filing will not meet this requirement.
- Certificate of Good Standing - (Now known as a [Franchise Tax Account Status](#) from the Texas Comptroller's Office) Upload a screenshot of the results with an "As of" date of no more than 3 months prior to the application submission date and an "Active" status.
- If a parent company holds part or whole ownership of the applying entity, upload a statement or diagram describing each level of ownership/management of the parent company(ies) up to a natural person (not another entity)

Additional requirements for:

Trusts:

- The instrument that created the Trust & Trust Agreement

General Partnerships:

- Partnership Agreement, signed & dated by all partners

Estates:

- The instrument that established the Estate

DBA/Assumed Names

If you will be using/operating under a DBA, you must provide the proof* of filing.

Sole Proprietors & General Partnerships:

Assumed Name Certificate from the County Clerk

All others: Assumed Name Certificate from the Texas Secretary of State

**Proof will be uploaded in ALECS during the application process.*



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Application for License **Transfer**

TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

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 - Buyer Info

Buyer Entity Name or Name of Owner/Sole Proprietor _____

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

Buyer Operating Name (d/b/a) _____

Email Address _____

All correspondence will be sent to this email address.

Seller Master file _____

License Number Being Transferred _____

Mailing Address

City _____ State _____ Zip Code _____

Proposed Business 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 _____

The Office of Consumer Credit Commissioner obtains information from this form and certain third-party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7622 or public.information@occc.texas.gov.

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.



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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 Texas 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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Print Form

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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TEXAS OFFICE OF CONSUMER
 CREDIT COMMISSIONER

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) | |
| | | TOTAL LIABILITIES AND NET WORTH | |
| | | CONTINGENT LIABILITIES | |
| | | As Endorser or Co-Maker | |
| | | On Leases or Contracts | |
| | | Legal Claims | |
| | | Other Special Debt | |

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.

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.

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

TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

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

TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

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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Business Operation Plan

Regulated Lenders

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 loans,
- the size of the loans,
- the source of working capital for planned operations
- whether the applicant will only be arranging or negotiating loans for another lender or financing entity, and
- if the applicant will only be arranging or negotiating loans for another lender or financing entity, the applicant must also provide:
 - a list of the lenders for whom the applicant will be arranging or negotiating loans,
 - whether the loans will be collected at the location where the loans are made, and
 - if the loans will not be collected at the location where the loans are made, the identification of the person or firm that will be serviced, and a detailed description of the process to be utilized in collections.

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TEXAS OFFICE OF CONSUMER CREDIT COMMISSIONER

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Personal Affidavit

Each principal party as identified in the "Application for License" or "Disclosure of Principal Parties (ADM 11)" must complete and file this form in its entirety. 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:

Email address: Phone Number: ()

Current Marital Status: [] Unmarried [] Married [] Separated

SSN Date of Birth Sex: [] Male [] Female

Licensee or Applicant Name:

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

Signature of Individual

Typed/Printed Full Name of Individual

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.



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Print Form

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?
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?
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?

The Office of Consumer Credit Commissioner obtains information from this form and certain third-party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7622 or public.information@occc.state.tx.us.

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>.



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

Regulated Lender
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 SURRENDERING A LICENSE.

Fees for New License Applications

Table with 4 columns: Fee Description, Amount, Multiplier (X), and Result (=). Rows include Investigation Fee (\$200), Assessment Fee: Each Active License (\$600), Assessment Fee: Each Inactive License (\$250), and Total Amount Due.

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

Fees for License Transfers

Table with 4 columns: Fee Description, Amount, Multiplier (X), and Result (=). Row includes Investigation Fee (\$200).

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

Grand Total Due