



TEXAS OFFICE OF CONSUMER CREDIT COMMISSIONER

2601 N LAMAR BLVD
AUSTIN, TX 78705
PHONE: 512.936.7605
FAX: 512.936.7610
LICENSING@OCCC.TEXAS.GOV

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.

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 512-936-7639 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.





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CREDIT COMMISSIONER

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Austin, TX 78705  
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Print Form

# Personal Questionnaire

First Name	Middle Name (Full)	Last Name
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**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?<br><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?

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