



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

## PROFESSIONAL EMPLOYER ORGANIZATION APPLICATION LICENSED WITH THE ASSISTANCE OF AN ASSURANCE ORGANIZATION

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Legal name of applicant: \_\_\_\_\_ FEIN #: \_\_\_\_\_  
 Is applicant applying as a Professional Employer Organization Group?  Yes  No  
 If **Yes**, the legal names and FEIN #s of each of the group's commonly controlled Professional Employer Organizations seeking separate licensure in Texas must be set forth in Exhibit A.

Legal name of assurance organization: \_\_\_\_\_ FEIN #: \_\_\_\_\_

### Professional Employer Organization Licensing Assistance Request and Information Release Authorization

The above named Professional Employer Organization or Professional Employer Organization Group ("Applicant") requests the above named assurance organization ("Assurance Organization") to assist Applicant with licensing by the Texas Department of Licensing and Regulation ("Department") as authorized by Section 91.021, Texas Labor Code.

**THE ASSURANCE ORGANIZATION IS HEREBY AUTHORIZED** to release to the Department confidential information on behalf of Applicant in support of initial and renewal licensing, including but not limited to the following information to be made available to duly authorized Department users through secure Internet access (hereinafter collectively the "Release"):

1. Basic Applicant information
  - Name of all Professional Employer Organizations relevant entities under common control
  - Headquarters address
  - Physical location of offices in Texas
  - Contact information for Applicant and clients domiciled in Texas
  - Cross guaranties of all relevant entities
  - Copy of surety bonds covering Applicant
2. Controlling persons information and attestations
3. Financial information
  - Most recent fiscal year-end (FYE) audited financial statements
  - Spreadsheet showing prior FYE audited financial information and year-to-date calendar quarter updates, if available, including current assets & liabilities, net worth, net worth ratio, working capital and net income for each period
  - Quarterly certifications by an independent CPA of the timely payment of state and federal payroll taxes, insurance premiums and contributions to employee retirement plans for most recent calendar quarter and prior five calendar quarters, if available
4. Insurance information
  - Workers' compensation information
  - Health insurance information
5. Information regarding Applicant's continuing compliance with Assurance Organization's accreditation standards and procedures

This Release authorization shall apply to acts by Assurance Organization, its agents, employees, and other designated representatives, who submit confidential information to the Department as part of this application. Applicant on behalf of itself, its controlling persons, officers, directors, employees and agents, hereby indemnifies and holds harmless the Assurance Organization and its agents, employees, and other designated representatives and the Department and its agents, employees, and other designated representatives from any and all claims or damages that may arise as a result of the Release of information about Applicant or its controlling persons to the Department.

**THE DEPARTMENT IS HEREBY AUTHORIZED** to accept information provided by Assurance Organization for licensing or renewal of licensing of Applicant. The Department is also hereby authorized to release or disclose to

Assurance Organization any information or document within its possession concerning Applicant or Applicant's controlling persons.

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**Professional Employer Organization Certification of Information and Compliance**

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1. Number of clients in Texas: \_\_\_\_\_
2. Number of covered employees in Texas: \_\_\_\_\_
3. Agent designated for service of process in Texas:  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Are you currently providing health or disability coverage to any covered employees in Texas under a plan that is not fully insured?  Yes  No  
If **Yes**, upload the approval of your sponsorship of the plan by the Texas Insurance Commissioner.
5. Is any Controlling Person operating or acting as a Controlling Person for a Professional Employer Organization in any other state?  Yes  No  
If **Yes**, upload a list of the Professional Employer Organizations, names, addresses, telephone numbers, and state license/registration numbers.
6. For each entity applying for a Texas license, upload a document from the Texas Secretary of State that recognizes the business entity. This document must be issued in exactly the same business name as the applicant and can be in the form of a Certificate of Authority or Certificate of Incorporation. (Texas Secretary of State registration information is available from [www.sos.state.tx.us](http://www.sos.state.tx.us) or by phone at 512-463-5555.)
7. Have all Controlling Persons of the Applicant submitted fingerprint cards to TDLR, as applicable?  Yes  No  
If **No**, request two fingerprint cards for each Controlling Person from the TDLR (one Federal Bureau of Investigation card and one Texas Department of Public Safety card). Fingerprints should be taken by a law enforcement official and submitted to the TDLR (Physical address: 920 Colorado, Austin, TX 78701 or P.O. Box 12157, Austin, TX 78711). Fingerprint cards that are not completely filled out and/or not classifiable will be returned.

I hereby certify that the above named Applicant is in full and complete compliance with all requirements of Chapter 91, Texas Labor Code (Professional Employer Organizations Act), and the current Department rules promulgated thereunder, including all required notices and disclosures to clients, covered employees and the Department, and that all of the information submitted in this Application and all of the information provided to the Assurance Organization for compliance with its standards and procedures is true and complete. I am aware that submitting false information or omitting pertinent or other material information in connection with this application is grounds for license revocation or denial of licensing and may subject me to civil or criminal penalties. I further certify that I grant permission to the Department and Assurance Organization to verify information provided by Applicant or its controlling persons with any federal, state, or local government agency, current or former employer, or insurance company. I further certify that I have read Chapter 91, Texas Labor Code (Professional Employer Organizations Act), and the current Department rules promulgated thereunder. As required by Department rules, if the license is issued, I agree to furnish to Assurance Organization any change in information on this form and all attached or uploaded documents within thirty (30) days of the change in information so that within forty-five (45) days of the change, Assurance Organization can provide the change in information on Applicant's behalf to the Department. Licensure is subject to revocation if the Department is not notified, in writing, of any changes in the information given on this application or if there is a rule or law violation.

WITNESS THE SIGNATURE\* of Applicant's duly authorized representative who on behalf of Applicant hereby agrees with and consents to be bound by the provisions of this application:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Assurance Organization Certification of Compliance**

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Assurance Organization does hereby certify that Applicant is in compliance with Assurance Organization's standards and procedures, which meet the requirements of Chapter 91, Texas Labor Code (Professional Employer Organizations Act). Such certification shall be continuous and ongoing until Assurance Organization notifies the Department in writing within five (5) business days of a termination of accreditation.

WITNESS THE SIGNATURE\* of Assurance Organization's duly authorized representative who on behalf of Assurance Organization hereby agrees with and consents to be bound by the provisions of this application:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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\*Any person electing to sign this Application electronically does hereby agree to conduct business electronically with the State of Texas in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 (Supp. 2001) and the Texas Statutes Business and Commerce Code Chapter 322. I/we understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

