



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 PO Box 12157 ● Austin, Texas 78711-2157
 (800) 803-9202 ● (512) 463-6599 ● FAX (512) 463-5984
 www.tdlr.texas.gov ● cs.service.contract.providers@tdlr.texas.gov

IDENTITY RECOVERY SERVICE CONTRACT QUARTERLY REPORT

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

- This form must be completed by a provider who sells or issues identity recovery service contracts as required under Texas Occupations Code § 1304.1035. Identity recovery service contracts are service contracts that only provide identity recovery services and are financed under Chapter 348 or 353, Texas Finance Code.
- Not later than the 30th day after the date each calendar quarter ends, you must report the number of identity recovery services contracts sold or issued to consumers in Texas during the calendar quarter.
- Submit fee of one dollar (\$1) for each contract sold or issued in Texas during the calendar quarter.
- Failure to report the number of contracts and submit the fee as described above is cause for denial and/or revocation of your registration.
- The calendar quarters ends on the following dates: **March 31** (due date: April 30); **June 30** (due date: July 30); **September 30** (due date: October 30); and **December 31** (due date: January 30).

1. Name of Provider: _____

2. TDLR Registration Number: _____

3. Complete the following:

Calendar quarter date ending: _____

Number of identity recovery contracts sold or issued in Texas during this quarter: X \$1.00

Total fees enclosed: \$ _____

The number of contracts sold is considered a trade secret, as provided in Texas Occupations Code § 1304.104.

Attach a check or money order to this form and mail to: Texas Department of Licensing and Regulation
 PO Box 12157
 Austin, TX 78711-2157

AUTHORIZED SIGNATURE

I certify that I will comply with all applicable provisions of Texas Occupation Code, Chapter 51 and 1304, and 16 Texas Administrative Code, Chapter 60 and 77. I certify all information submitted on this form is true and accurate. I understand that providing false information may result in the denial or revocation of the Provider's registration and/or imposition of administrative penalties and/or sanctions on the Provider.

Applicant Signature

Date Signed

Printed Name

Title