

TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711 • (800)-803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.common.workers@tdlr.texas.gov

TEMPORARY COMMON WORKERS LICENSE APPLICATION
PURSUANT TO THE TEMPORARY COMMON WORKER EMPLOYERS ACT,
TITLE 2, TEXAS LABOR CODE, SUBTITLE E, CHAPTER 92

BUSINESS NAME AND ASSUMED NAME (S): _____

PHYSICAL BUSINESS ADDRESS: _____ LOCATION PHONE NUMBER:(_____)

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (_____) FAX NUMBER: (_____) EMAIL ADDRESS: _____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP FEDERAL ID/
EMPLOYER ID NUMBER: _____

OWNER'S NAME: _____ SOCIAL SECURITY NUMBER*: _____

LIST ALL OWNERS, OFFICERS, ASSOCIATES, AND/OR PARTNERS OF THE APPLICANT (ATTACH ADDITIONAL SHEETS IF NECESSARY):

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

EACH OWNER, OFFICER, ASSOCIATE AND/OR PARTNER MUST COMPLETE A SECTION ON THE BACK OF THIS FORM.

YES NO Does this location operate a motor vehicle to transport workers?
 YES NO Have you, an officer, associate, partner, or owner of the corporation ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation.

YES NO Does this business owe any taxes to the state of Texas?

NAME OF REGISTERED AGENT: _____ POSITION WITH LABOR HALL: _____

ADDRESS: _____ TELEPHONE NUMBER: (_____)
Mailing Address City State Zip

I certify that I have read and am familiar with the provisions of the Temporary Common Workers Act, Title 2, Texas Labor Code, Subtitle E, Chapter 92 and the Department of Licensing and Regulation's rules promulgated thereunder. I certify that I am at least eighteen (18) years of age, and I further certify that the labor hall or place of business applying for this license meets fire and health standards established by state or federal law, or municipal ordinance for this location.

With knowledge of the penalties for false statements, I certify that all information submitted on this application and on all attached documents is true and correct.

Signature of Owner

Date

*The Social Security number disclosure is required by section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding the child support process, contact the Texas Attorney General at (512)460-6000, 1-800-252-8014.

EACH OWNER, OFFICER, ASSOCIATE AND/OR PARTNER MUST COMPLETE A SECTION BELOW. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH THE PROVISIONS OF THE TEMPORARY COMMON WORKER EMPLOYERS ACT, TITLE 2, TEXAS LABOR CODE, SUBTITLE E, CHAPTER 92 AND THE TEXAS DEPARTMENT OF LICENSING AND REGULATION'S RULES PROMULGATED THEREUNDER.

NAME: _____ TITLE: _____ SOCIAL SECURITY NUMBER*: _____

ADDRESS: _____
Street and Number City State Zip

PHONE: (_____) _____ DATE OF BIRTH: _____ SIGNATURE: _____

NAME: _____ TITLE: _____ SOCIAL SECURITY NUMBER*: _____

ADDRESS: _____
Street and Number City State Zip

PHONE: (_____) _____ DATE OF BIRTH: _____ SIGNATURE: _____

NAME: _____ TITLE: _____ SOCIAL SECURITY NUMBER*: _____

ADDRESS: _____
Street and Number City State Zip

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