



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 ● Austin, Texas 78711-2157
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871
www.tdlr.texas.gov ● cs.common.workers@tdlr.texas.gov

TEMPORARY COMMON WORKER EMPLOYER LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.** Make check or money order payable to TDLR.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. BUSINESS NAME - Write the full name of the business to be licensed (40 character maximum).
2. ASSUMED NAME(S) or "DOING BUSINESS AS" (DBA) NAME(S) - List the full assumed names or DBAs for the business.
3. FEDERAL ID NUMBER - Write the federal ID number that is used by the business. Information about Federal or Employer ID numbers can be found at: www.irs.gov/businesses.
4. TYPE OF OWNERSHIP - Check the box that shows how the business is organized. If the Temporary Common Worker Employer is a corporation, a certification that the corporation is in good standing with the Texas Comptroller of Public Accounts must be submitted with the application. To obtain a certificate of account status, call the Comptroller's office at (800)252-1381 or (512)463-4600 or access their Internet website at www.window.state.tx.us/taxinfo/coasintr.html
5. MAILING ADDRESS - Write the current mailing address for the business, this is the address where we will send mail to the business. A post office box can be used.
6. PHYSICAL ADDRESS - Write the physical address of the business. Do not use a post office box.
7. PHONE NUMBER - Write the main phone number, including the area code, for the business.
8. FAX NUMBER - Write the main fax number, including the area code, for the business.
9. EMAIL ADDRESS - Write the business email address. Please provide the business email address so the Department may email license information and required notices to the business. The email address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.
10. MOTOR VEHICLE - Check YES or NO to indicate if this location operates a vehicle to transport workers. If YES, a certificate of insurance showing coverage as required must be submitted with the application. The coverage must be at least \$100,000 per occurrence and \$300,000 aggregate, which insures the license holder against liability for damage to persons or property arising out of the license holder's operation, or ownership of any motor vehicle for the transportation of individuals in connection with their business, activities, or operations as a temporary common worker employer.
11. TAXES - Check YES or NO to indicate if the business owes any taxes to the state of Texas. If the Temporary Common Worker Employer is a corporation, a certification that the corporation is in good standing with the Texas Comptroller of Public Accounts must be submitted with the application. To obtain a certificate of account status, call the Comptroller's office at (800) 252-1381 or (512) 463-4600 or access their internet website at www.window.state.tx.us/taxinfo/coasintr.html
12. OWNER'S NAME - Write the owner's name. If the labor hall or place of business is a corporation, write the name of the principal stockholder, or president of the corporation in this space.
13. SOCIAL SECURITY NUMBER - Write the social security number of the owner shown in item 13. 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 child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/cs/index.shtml or call (512) 460-6000 or (800) 252-8014

14. CRIMINAL HISTORY - Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm

15. OWNERS, OFFICERS, ASSOCIATES & PARTNERS - Write the name and title of each owner, officer, associate, and/or partner. Attach additional pages if needed. Each person listed must complete a section of item 18 on page two or three.

16. REGISTERED AGENT - Write the name and contact information of the individual or entity, designated by the temporary common worker employer that we can contact about the business.

17. STATEMENT OF APPLICANT - Carefully read the statement before signing and dating the application. The owner must sign the application form. If the labor hall or place of business is a corporation, the principal stockholder or president of the corporation and all corporate officers must sign the application. If the labor hall or place of business is a partnership or association, all owners must sign the application. This form may be duplicated as necessary to accommodate all required signatures.

18. ADDITIONAL OWNER INFORMATION - Each owner, officer, associate, and partner listed in item 15 and any additional pages, must complete a section. Write the legal name, title with the business, social security number, date of birth, phone number, and address. Additionally, answer YES or NO to indicate if the owner has ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, submit a Criminal History Questionnaire form for each offense. The Criminal History Questionnaire form can be found on our website at www.tdlr.texas.gov/MISC/lic002.pdf

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State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297.**



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TEMPORARY COMMON WORKER EMPLOYER LICENSE APPLICATION

Do Not Write Above This Line

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$30 (FEE IS NON-REFUNDABLE)

1. Business Name: (as it will appear on the license, 40 character limit)

2. Assumed Name(s) or "Doing Business As" (DBA) Name(s):	3. Federal ID Number:
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4. Type of Ownership: Sole Proprietorship Corporation Limited Partnership
 Limited Liability Company Limited Liability Partnership General Partnership

5. Mailing Address: (A PO box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

6. Physical Address: (a PO box cannot be used for this address)

Number, Street Name, Suite Number

City State Zip Code

7. Phone Number: (_____) _____ Area Code Phone Number	8. Fax Number: (_____) _____ Area Code Phone Number
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9. Email Address: _____
(Ex: johndoe@aol.com) See instruction sheet for disclosure information

10. Does this location operate a motor vehicle to transport workers? Yes No
 If YES, a certificate of insurance showing coverage of at least \$100,000 per occurrence and \$300,000 aggregate.

11. Does this business owe any taxes to the state of Texas? Yes No
 (If a corporation, attach a letter of good standing from the Department of Public Accounts)

12. Owner's Name: (Print name) <hr/>	13. Social Security Number: (See instruction sheet for disclosure information) <hr/>
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14. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No If YES, complete and attach a Criminal History Questionnaire for each offense.

15. List All Owners, Officers, Associates, and/or Partners of the Applicant: (Print Name) (Attach additional pages if needed)

Name: _____ Title: _____
Name: _____ Title: _____

EACH OWNER, OFFICER, ASSOCIATE AND/OR PARTNER MUST COMPLETE SECTION 18

16. Name of Registered Agent: _____

Position With Labor Hall: _____ **Phone Number:** (____) _____

Address: _____
Mailing Address City State Zip Code

17. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions the Temporary Common Worker 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 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.

_____ Date Signed _____ Signature of Owner

18. Each Owner, Officer, Associate and/or Partner must Complete a Section Below. (Attach additional sheets if needed)

By signing below, I certify that I have read and will comply with all applicable provisions of the Temporary Common Worker Employer's 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: _____ Date of Birth: _____ Phone: (____) _____
(See instruction sheet for disclosure information)

Address: _____
Number, Street Name, Suite Number/Apartment Number City State Zip Code

Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet item 14 for more information

Signature: _____

Name: _____ Title _____

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(See instruction sheet for disclosure information)

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