



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒ No ☐

COMPANY LICENSE APPLICATION

COMPANY INFORMATION (CORPORATION, COMPANY OR SOLE PROPRIETOR)

Under the provisions of Title 10, Chapter 1702 Occupations Code, as amended, application is hereby made for a license to offer and perform the services of an investigations company and/or security services contractor. (NOTE: A company is responsible for continued accuracy of all information relating to a Branch Office and for any late fees relating to the renewal of this license).

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I understand that the naming of companies is subject to Rule §35.41 and have also visited the PSB website to ensure that I am not utilizing another company's name or anything similar.

Yes ☐ No ☐

Name of Corporation, Company or
Full Name of Sole Proprietor

Assumed Name
(IF ANY)

Mailing
Address

City

State
(2-Digit Code)

ZIP

Physical
Address

City

State
(2-Digit Code)

ZIP

If the address you have listed is your home address, be advised that your submission of this document will constitute a waiver of the confidentiality of your address (as provided in Texas Occupations Code § 1702.085).

Business
Phone ()

Business
Fax ()

Business Email
(Optional)

TYPE OF OWNERSHIP (CHECK ONE)

- ☐ Sole Proprietor ☐ Corporation (Inc., Corp.) ☐ Limited Liability Partnership (LLP)
☐ Partnership ☐ Limited Liability Corporation (LLC) ☐ Limited Liability Company (LLC)

TYPE OF LICENSE (CHECK ALL THAT APPLY)

DESCRIPTION

ORIGINAL + SUBSCRIPTION = FEE

Class A

(CHECK ALL THAT APPLY)

- ☐ Investigations Company

CLASS A

(Investigations ONLY)

\$350 + \$11 = **\$361**

Class B

(CHECK ALL THAT APPLY)

- ☐ Guard Company ☐ Locksmith Company
☐ Alarm System Company ☐ Security Consultant Company
☐ Armored Car Company ☐ Electronic Access Control Device Company (Includes Gate Operators)
☐ Courier Company
☐ Guard Dog Company

CLASS B

(Contractor services ONLY)

\$400 + \$12 = **\$412**

Class C

(CHECK ALL THAT APPLY)

- ☒ Investigations Company ☐ Locksmith Company
☐ Guard Company ☐ Security Consultant Company
☐ Alarm System Company ☐ Electronic Access Control Device Company (Includes Gate Operators)
☐ Armored Car Company
☐ Courier Company
☐ Guard Dog Company

CLASS C (Investigations AND Contractor services)

\$540 + \$16 = **\$556**

Please state the general nature of the service(s) you intend to provide:

Last Name of
Manager

First

M.I.

Suffix
(If Any)

PAYMENT INFORMATION

I am submitting the appropriate fee(s) with this application **by mail**.

Yes ☐ * If yes, a PSB-50 form **must** be submitted with this application.

(Note: Payment must be in the form of a cashier's check, money order or company check.)

No ☐

I understand that all fees submitted to Private Security are **non-refundable**, are **not** transferable and that, in accordance with Administrative Rule 35.77, I will have **90 days** from the date the application is received by the Department to turn in all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply.

Yes ☐

No ☐

Name of Corporation, Company or
Full Name of Sole Proprietor

SUPPLEMENTAL INFORMATION (EVIDENCE)

Are you applying as a **Critical Infrastructure** facility?

Yes ☐

* If yes, you **must** submit form PSB-44 along with this application.

No ☐

COMPLETE **EITHER PART I. OR PART II.**

PART I. SOLE PROPRIETOR ONLY (PERSON LISTED BELOW MUST REGISTER AS AN OWNER)

Last Name of
Individual Owner

First

M.I.

Suffix
(If Any)

PART II. CORPORATION OR PARTNERSHIP ONLY (EACH PERSON LISTED BELOW MUST REGISTER AS AN OFFICER, PARTNER AND/OR SHAREHOLDER)

Officers or Partners	Last Name	First	M.I.	Suffix
President or Partner				
Vice President or Partner				
Secretary or Partner				
Treasurer or Partner				

Identify all *entities* (owners, partners or shareholders), in the spaces below, who own 25% or more of the company. If there are any *entities* owning of less than 25%, then provide a brief, general description of the nature of the *entities* (i.e. "Multiple owners holding less than 1% each," or "Corporation Z holding 15%," etc.). The descriptions below **must provide information on 100% of the ownership.**

Percent of Interest	Last Name	First	M.I.	Suffix
%				
%				
%				
%				
%				
%				
%				
%				
%				

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Applicant Signature _____

Date ____ / ____ / ____

This form and any attachments can be or forwarded by mail to:

**Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999**