



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202, 512-463-6599, FAX 512-463-5984

www.license.state.tx.us - automotive.parts.recyclers@license.state.tx.us

USED AUTOMOTIVE PARTS RECYCLING BUSINESS APPLICATION

PURSUANT TO TEXAS OCCUPATIONS CODE, CHAPTER 2309

Table with 3 columns: RECEIPT NUMBER, PMT. AMOUNT, MONEY TYPE. PMT. AMOUNT contains \$120.

DO NOT WRITE ABOVE THIS LINE

1. Name of Company:

2. DBA:

3. Physical Location: STREET ADDRESS MUST BE DESIGNATED BELOW. (A license will not be issued to a P.O. Box.)

Number, Street, Suite, Apt

City

State

Zip

4. Mailing Address: (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street, Suite, Apt

City

State

Zip

5. Phone: () -

6. Fax: () -

7. Contact:

Name

Title

() -

Phone

Email

8. Type of Ownership:

Corporation Partnership Sole Proprietor Limited Liability Co (LLC)

Limited Liability Partnership (LLP) Other

9. Federal ID #:

(For information on the Federal ID # go to www.irs.gov/business.)

OR *Social Security #:

(If Sole Proprietor provide SS # instead of Fed ID #)

10. Agent for Service: (required if out of state business)

Name

() -

Phone

Street Address

City

TX

Zip

11. Insurance: Call your insurance agent to obtain a Certificate of Insurance

Is certificate of insurance attached? YES NO

Attach a certificate of insurance documenting that this company has general liability insurance of not less than \$250,000 as required by the Texas Used Automotive Parts Recycling Act § 2309.153 (2) and the Used Automotive Parts Recycling Administrative Rules § 87.40.

Requirements for the Certificate of Insurance:

- Use a standard ACORD Certificate of Insurance form;
- List the type of insurance, policy #, effective and expiration dates, and limits (Combined Single Limits \$250,000);
- Name and physical address of insured must match the company name and physical address on this application or be specified in the description of operations/locations area;
- Indicate that the policy is for general liability OR garage liability;
- Certificate holder must be: TDLR, PO Box 12157, Austin, TX 78701;
- Insurance company will provide a 30 day written notice of cancellation or non-renewal to TDLR.
- To see an example of a Certificate of Insurance go to www.license.state.tx.us/parts/aprforms.htm.

12. Storm Water Permit: The Texas Used Automotive Parts Recycling Act requires an applicant to provide proof of a storm water permit, if the applicant is required by the Texas Commission on Environmental Quality (TCEQ) to obtain a permit.

Are you required to obtain a storm water permit? Yes No If yes, attach a copy of your storm water permit.

If no, please note that by checking no, you attest that you are aware of the requirements for a storm water permit and have determined that you are not required by TCEQ to obtain a storm water permit.

If you've applied for but not yet received your storm water permit, under what Company Name did you apply?

Company Name: _____

13. *Social Security number disclosure:

Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application. For more information regarding child support payments, contact the Texas Attorney General at: www.oag.state.tx.us/child/index or call (512)460-6000 or (800)252-8014.

14. Notice Regarding Applicable Fees: If you submit an insufficient fee amount with this application, or submit an outdated application form, the form and fee may be returned to you. To verify the correct form version consult the TDLR web site (www.license.state.tx.us/parts/aprforms.htm) or contact TDLR using the information at the top of the first page.

A \$120 fee is required with this application. Application fees are not refundable. Make check or money payable to the Texas Department of Licensing and Regulation.

15. By signing and submitting this application, I certify that information submitted on this and any attached forms is true and correct. I further certify that I will comply with all applicable provisions of the Texas Used Automotive Parts Recycling Act; Texas Occupations Code, Chapter 2309; TEX. ADMIN. CODE, Chapter 60; the Used Automotive Parts Recycling Administrative Rules, TEX. ADMIN. CODE, Chapter 87; I understand that providing false information on this application may result in revocation and/or denial of the license I am requesting and the imposition of administrative penalties and sanctions.

Signature of Owner, Partner, Officer or Authorized Agent

Printed Name

Title

Date

USED AUTOMOTIVE PARTS RECYCLING BUSINESS APPLICATION:

ATTACHMENT A,

PURSUANT TO TEXAS OCCUPATIONS CODE, CHAPTER 2309

Name of Used Automotive Parts Recycling Company: _____

Background information on Applicants, Owners, Partners, Principals, Corporate Officers, and General Manager(s) Use additional sheets, if necessary.

Used Automotive Parts Recycling Business License Eligibility as required by § 87.21.

An applicant, a partner, principal, officer, or general manager of the applicant, or another license or permit holder with a connection to the applicant may be ineligible for a used automotive parts recycling business license, if the applicant, a partner, principal, officer, or general manager of the applicant, or another license or permit holder with a connection to the applicant has:

- (1) before the application date, been convicted of, pleaded guilty or nolo contendere to, or been placed on deferred adjudication for:
 - (A) a felony; or
 - (B) a misdemeanor punishable by confinement in jail or by a fine exceeding \$500;
- (2) violated an order of the commission or executive director, including an order for sanctions or administrative penalties; or
- (3) knowingly submitted false information on the application.

Name: _____
Last, First, Initial

Title: _____

_____/_____/_____ **MALE** **FEMALE** _____ - _____ - _____
Date of Birth (MM/DD/YYYY) Gender (check one) *Social Security Number

Have you been convicted of a criminal offense or been placed on deferred adjudication? YES NO
If YES, then attach a "Criminal History Questionnaire." A Criminal History Questionnaire may be found at www.license.state.tx.us/parts/aprforms.htm.

Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? YES NO If YES, then attach a "Disciplinary Action Questionnaire" A Disciplinary Action Questionnaire may be found at www.license.state.tx.us/parts/aprforms.htm.

Name: _____
Last, First, Initial

Title: _____

_____/_____/_____ **MALE** **FEMALE** _____ - _____ - _____
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