



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P. O. Box 12157 • Austin, Texas 78711 • (800) 803-9202 • Fax (512) 463-5984
E-mail: staff.leasing.services@license.state.tx.us Web site: www.license.state.tx.us

FEE	RECEIPT NUMBER	PMT. AMOUNT	MONEY TYPE
\$900			
Do NOT WRITE IN THE FEE AREA IMMEDIATELY ABOVE			

Staff Leasing Services Application: New Limited License

Company Information

1. Name of Business to be Licensed : _____

DBA (if applicable): _____

2. Federal ID Number (FEIN): _____

3. Please indicate the type of ownership for this company:

Corporate Partnership Individual Limited Liability Company

4. Business Physical Address: _____
NUMBER AND STREET

CITY STATE ZIP

5. Business Mailing Address: _____
NUMBER AND STREET OR PO BOX

CITY STATE ZIP

6. Business Phone: _____ 7. Business Fax: _____

8. Please answer the following questions:

- Yes No Does this company employ fewer than 50 assigned employees in Texas at one time?
- Yes No Does this company assign employees to any client company based or domiciled in Texas?
- Yes No Does this company solicit client companies located or domiciled in Texas?
- Yes No Does this company maintain an office in Texas?
- Yes No Is this company licensed or registered as a staff leasing services company in the state where domiciled? (If yes, attach a copy of license or registration).

_____ Number of employees assigned in Texas.

_____ State where company is domiciled.

Contact Information

9. Contact person: _____ Title: _____

10. Contact e-mail: _____ 11. Contact phone: _____

12. Texas Secretary of State Document - An application for a new license must include a copy of a document from the Texas Secretary of State that recognizes the business entity. This document must be issued in exactly the same business name as the applicant for this license and can be in the form of a Certificate of Authority or Certificate of Incorporation. Contact the Texas Secretary of State's office at (512)463-5555 or at www.sos.state.tx.us for more information. Please enclose this document with your application.

YOU MUST COMPLETE ALL OF THE INFORMATION REQUESTED ON THIS FORM AND ALL OF THE REQUIRED ATTACHMENTS. PLEASE CONTINUE TO PAGE 2.

13. Working Capital Requirements

Pursuant to House Bill 2249 (81st Legislature, 2009) effective December 31, 2011, all Staff Leasing Services companies must submit an audited financial statement that shows positive working capital. Please enclose your most recent audited financial statement with this application.

“Working capital” of an applicant means the applicant’s current assets minus the applicant’s current liabilities as determined by generally accepted accounting principles. An applicant for an original or renewal license must demonstrate positive working capital in the following amounts:

- (1) \$50,000 if the applicant employs fewer than 250 assigned employees;
- (2) \$75,000 if the applicant employs at least 250 but not more than 750 assigned employees; and
- (3) \$100,000 if the applicant employs more than 750 assigned employees.

The audited financial statement must be prepared in accordance with generally accepted accounting principles, be audited by an independent certified public accountant, and be without qualification as to the going concern status of the applicant.

Please note: surety bonds, letters of credit, or guarantees *alone* are no longer accepted as proof of positive working capital. You **MUST** submit an audited financial statement for the company named on this application. Any deficiencies in the working capital requirement may be satisfied through guarantees, letters of credit, a surety bond or other security acceptable to TDLR, provided they are accompanied by the company’s audited financial statement. For more information on working capital requirements, please see our website: www.license.state.tx.us/sls/sls.htm or call us at (800) 803-9202.

14. Controlling Persons and/or Corporations

Forms are available at our website: www.license.state.tx.us/sls/slsforms.htm

- Please submit a Controlling Person Personal Information Form for each Controlling Person of your company.
- Please submit a Controlling Corporation Information Form, if applicable.

15. Additional Attachments & Information

- WORKER’S COMPENSATION CERTIFICATE OF INSURANCE:** Please enclose a certificate of insurance if you offer **worker’s comp** insurance to employees assigned in Texas. Insurers must be authorized by Texas Dept. of Insurance.
- INSURANCE INFORMATION FORM:** Please complete the enclosed Insurance Information Form (page 3) for all other types of insurance offered to employees assigned in Texas, if applicable. **Do not** submit certificates or booklets for other types of insurance (health, disability, life, etc.).
- DESIGNATED AGENT FOR SERVICE:** Please provide the following information for your agent for service in Texas:

Agent Name	(_____)	- _____	
	Agent Phone		
Agent Address	City	TX	ZIP

16. Authorized Signature

I certify that I have read the Staff Leasing Services Act, Title 2, Labor Code, Subtitle E, and the current Department of Licensing and Regulation rules. If the license is issued, I agree to furnish to the Department of Licensing and Regulation any change in information on this form and all attached documents within **FORTY-FIVE (45) DAYS** of the change.

Licensure is subject to revocation if the department is not notified, in writing, of any changes in the information given on this application or if there is a rule or law violation.

I certify that all information submitted on this application and on all attached documents is true and correct.

Authorized Representative’s Signature	Date
Authorized Representative’s Printed Name	Date

17. Insurance Information Form

Please list all types of insurance coverage offered to employees assigned in Texas. Insurers must be authorized by the Texas Department of Insurance. **If you offer worker's comp insurance, please enclose the Certificate of Insurance in addition to listing it below.** Do not submit any other type of certificate of insurance, booklet, or paperwork for any other type of insurance except worker's comp.

Be advised that "self-insurance" health benefit plans are not allowed except as described in the Staff Leasing Services Labor Code:

Sec. 91.043. Health Benefit Plans.

(a) A license holder may not sponsor a plan of self insurance for health benefits except as permitted by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.).

(b) For purposes of this section, a "plan of self insurance" includes any arrangement except an arrangement under which an insurance carrier authorized to do business in this state has issued an insurance policy that covers all of the obligations of the health benefits plan.

If you are using any plan which is not fully insured, you will be required to submit an opinion from the U.S. Dept. of Labor that states your insurance plan is permitted by the Employee Retirement Income Security Act (ERISA).

Are you currently providing a plan which is NOT fully insured? NO YES

NAME OF INSURER	TYPE OF COVERAGE	EFF. DATE	EXP. DATE	POLICY NUMBER
_____	_____	_____	_____	_____
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Please submit this completed application, any attachments and the appropriate fees to the address at the top of page 1. For additional forms and information, please visit our website at: www.license.state.tx.us/sls/sls.htm