

MAILING ADDRESS:

TEXAS REAL ESTATE COMMISSION
P.O. Box 12188
Austin, Texas 78711-2188
www.trec.texas.gov



OFFICE ADDRESS:

TEXAS REAL ESTATE COMMISSION
1700 N. Congress, Suite 400
Austin, Texas 78701
Telephone: (512) 936-3000

APPLICATION FOR RESIDENTIAL SERVICE COMPANY LICENSE

GENERAL INFORMATION

FEE: A \$3,500 filing fee is required as part of the application; the fee is not refundable if an application is denied, abandoned or terminated. Each contract and schedule of charges the residential service company wishes to offer must be separately approved by the Commission. Separate filing fees are required for an applicant's schedule of charges and for each different contract. Please submit a form and fee for each contract and each schedule of charges you propose to use.

INFORMATION REQUESTED:

Applicant should determine that all requested information is provided. Failure to provide requested information will delay consideration of the application. Use separate sheets where necessary to provide complete responses.

All information and documentation submitted with the application must be clearly identified and numbered to correspond to the question it refers.

NOTE:

The information submitted in connection with this application is generally subject to public disclosure pursuant to Government Code, Chapter 552, the Public Information Act (PIA). The PIA excepts from disclosure proprietary information under certain conditions. Please identify the information by clearly marking it as proprietary or confidential. Note that marking information as proprietary or confidential does not automatically mean the information will be withheld if requested. Marked information will be submitted to the Office of the Attorney General for determination of its status.

PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.**
- (2) Under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information.**
- (3) Under Section 559.004 of the Government Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.**



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APPLICATION FOR:

RESIDENTIAL SERVICE COMPANY LICENSE

FEE	RECEIPT NUMBER	REVENUE CODE	AMOUNT	App#	License #
RSC Application		29	\$3,500	File#	Entity#

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK

1. Name and address of applicant:

Company

Physical Address

City State Zip Telephone

E-mail Address Fax Number

Name of Contact Telephone

E-mail Address Fax Number

Mailing Address (If different than physical address)

City State Zip

Contact Information for Consumer Complaints Against Company:

Name : _____

Title: _____

Telephone: _____

Contact Information for Regulatory Compliance:

Name : _____

Title: _____

Telephone: _____

This document is available on the TREC website at www.trec.texas.gov

2. Business name to be used, if different from that above. Attach Certificate of Assumed Name.

3. Type of organization of applicant: (check one)

☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company ☐ Partnership or Joint Venture

☐ Other (Specify) _____

a) State of formation of business entity: _____

b) If a foreign corporation or LLC, attach copy of entity's certificate of authority to do business in Texas, and copies of all documents submitted to and from the Secretary of State of Texas.

c) Attach copies of organizational documents such as Articles of Incorporation, Articles of Organization, Articles of Association, Partnership or Management Agreement, or Trust Agreement, including all amendments.

d) Attach copies of bylaws, rules or other documents prescribing regulations for the internal affairs of applicant.

4. Attach a list of names, addresses, and official positions of corporate officers, partners, or principals responsible for affairs of applicant. (Include Board of Directors, Board of Trustees, Executive Committee, Partners, Officers.)

5. Attach Consent to Service of Process form if applicant is not domiciled in Texas or qualified to do business in Texas, appointing the Executive Director of the Texas Real Estate Commission as the true and lawful attorney of the applicant for receipt of legal service of process in any legal action brought against applicant in Texas.

☐ Attached ☐ N/A

6. Attach a statement describing applicant's proposed marketing methods.

7. Attach a statement describing applicant's sources of working capital and all sources of funding.

8. Provide a detailed statement of applicant's procedure to respond to consumer complaints.

9. (a) Has applicant ever been licensed as a residential service company or home warranty company in any other state?

☐ Yes ☐ No

(If "Yes", provide requested information below or on a separate sheet as necessary.)

YEAR	STATE	ISSUING AGENCY	LICENSE OR REGISTRATION NUMBER	EXACT NAME IN WHICH LICENSE WAS ISSUED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Has applicant ever done business as a residential service company or home warranty company in any other state?

☐ Yes ☐ No

(If "Yes", provide requested information below or on a separate sheet as necessary.)

YEAR	STATE	EXACT NAME IN WHICH DOING BUSINESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. (a) Has any other state ever revoked, cancelled or withdrawn applicant's authority to do business in that state? <i>(If "Yes", provide relevant documentation.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has applicant ever had a license in another state suspended, canceled or revoked, or ever surrendered such a license? <i>(If "Yes", provide relevant documentation.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Will applicant be issuing and administering contracts in affiliation with another company? <i>(If "Yes", please provide the name of the affiliate and copies of the contract and any advertising.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does applicant carry a reimbursement insurance policy? <i>(If "Yes", attach documentation that the policy is current.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. If the applicant does not carry a reimbursement insurance policy, it must provide its surety bond issued by an admitted carrier in this State, using Residential Service Company Bond form, or other security accepted by the Commission the amount of \$25,000.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Attach a certified financial statement and management letter prepared by an independent public accountant within the preceding six months. Attach the most recent financial statement. The financial statement must include a balance sheet, income statement, statement of stockholder's equity, and a statement of cash flows. A company that does not carry a reimbursement insurance policy must submit a financial statement and management letter prepared by an independent certified public accountant. The financial statement must use GAAP. A company that carries a reimbursement insurance policy must submit financial statements certified as accurate by at least two of the company's principal officers.		

CERTIFICATION

I certify that all information reflected in or attached to this application is true and correct to the best of my knowledge.

(Certification must be provided by individual applicant, by principal officer of corporation, manager of LLC or by each partner or member of partnership or association.)

Printed Name _____

Title: _____

Signed

Attest: _____

Title: _____

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared: _____
 known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

WITNESS MY HAND AND SEAL OF OFFICE, this the _____ day of _____

 Notary Public in and for
 _____ County, _____

This page should be completed by the principal officer of a Corporation, the managing member of a Limited Liability Company or the partners in a Partnership.

1. Name: _____			
2. Title: _____			
3. Residence Address: _____			
Street Address _____			
City _____		State _____	Zip _____
4. Social Security No. _____	5. Driver's License (State & No.) _____	6. Date of Birth _____	

Note: Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Numbers (SSN) when filing an application. The SSN that is provided will be 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.

7. Business or occupation for the past five years:			
FROM	TO	CITY AND STATE	NATURE OF BUSINESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Experience in the residential service company business or in the service contractor business (if none, so indicate):			
FROM	TO	CITY AND STATE	NATURE OF BUSINESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR EVERY "YES" ANSWER TO QUESTIONS 9 THROUGH 14, SUBMIT A FULL EXPLANATION ON A SEPARATE SHEET OF PAPER.

9. Have you ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than minor traffic tickets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been placed on probation or community supervision (also known as deferred adjudication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are there any criminal actions or civil suits pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are there any unpaid judgments outstanding against you? If so, where? State _____ County _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever had an application for any type of professional or occupational license disapproved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever had any type of professional or occupational license suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I, _____, the person named above, do hereby certify that the information reflected above is accurate to the best of my knowledge.

Signature Date

Printed Name: _____