



Texas Department of Insurance
 Property & Casualty Title Division MC 106-2T
 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
 512- 322-3482 telephone • 512-305-7426 fax • www.tdi.state.tx.us

APPLICATION FOR DIRECT OPERATION LICENSE

1. _____
 Full Direct Operation Name

Mailing Address of Direct Operation:

2. _____
 Street and/or P. O. Box if any

3. _____ 4. _____ 5. _____ 6. _____
 City State Zip Code County

7. County or Counties to be named on the license including physical office location for each county. (Attach a separate sheet if necessary)

<u>County</u>	<u>Physical office location</u>

8. Attach an Information Re Abstract Plant Form for each county named.

9. Fiscal year-end date selected for Article 9.39 annual escrow audit purposes: _____

10. Is the proposed Direct Operation a Texas Corporation? YES NO

11. If a foreign corporation, has it been authorized to do business in Texas? YES NO

12. Do you certify that the proposed direct operation is qualified as a direct operation as defined in the "Texas Title Insurance Act"? YES NO

13. Texas Department of Insurance Company No. _____ 14. Dated _____, _____

15. _____ 16. _____
 Name of Title Insurance Company Original Signature of Person Authorized to sign for Title Insurance Company

17. _____ 18. _____
 Mailing Address Title

19. _____ 20. _____
 City State Zip Code Address of Person Authorized to sign for Title Insurance Company

Affix Notary Seal Here

Subscribed and sworn to before me

Date _____, _____

Notary Public _____