



Texas Department of Insurance

Property & Casualty Title 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

TEXAS DEPARTMENT OF INSURANCE

**APPLICATION FOR ADDITIONAL
TEXAS TITLE INSURANCE AGENT'S LICENSE**

1. _____
Full, Exact Agent Name

2. Title Agent Company ID Number: _____
(Leave blank if submission is in conjunction with a long form licensing application)

3. Completed Title Agent Update Form attached? YES NO

4. Sample copy of the Title Agent's proposed Schedule D form attached? YES NO

This is notice of appointment of the applicant for a license to act as a Title Insurance Agent in the County (Counties) of:

State of Texas. If and when this appointment is terminated or canceled, the Texas Department of Insurance will be notified immediately of such termination.

This is to certify that the above named title agent is qualified as a title insurance agent as defined in the "Texas Title Insurance Act" and is currently licensed by a title insurance company.

Our company has investigated this applicant's character and reputation for honesty and trustworthiness, and we are satisfied that the applicant is trustworthy and will act in good faith to the public. This company knows of no fact or condition which would disqualify such applicant from receiving a license.

Appointing Title Insurance Company's Texas Department of Insurance Company Number _____

(Name of Appointing Title Insurance Company)

(Typed or Printed Name of Appointing Official)

(Mailing Address)

(Original Signature of Appointing Official)

(City) (State) (Zip)

(Title)

Affix Notary Seal Here

(Address of Appointing Official)

Subscribed and sworn to before me

Date _____, 20 _____

Notary Public _____