

## Controlling Person Form Residential Licensing

Operation Name		Operation Number	Telephone No. (A/C)
Address of Operation		City & Zip Code	County

Complete the required information for each controlling person with your residential operation. This includes all people in the operation as stated under TAC §745.901 or see Page 3 of this form for the definition of a controlling person.

The information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit.

\_\_\_\_\_  
Signature of Applicant, Designee, or Head of Governing Body

\_\_\_\_\_  
Date

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

<b>DFPS Use Only</b>	Name of Licensing Staff		Mail Code
Date Received	Date Check Completed	Status: Cleared:	
		Match:	

## Controlling Person Form Residential Licensing

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

First Name		Middle Name		Last Name	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	
Date of Birth	Driver's License No.		SSN		Tax ID No., if applicable
Street Address		City	State	Zip	Telephone No. (A/C)
Title, Position or Relationship			% Ownership, if applicable		Effective Date of Position

## Controlling Person Form Residential Licensing

### Instructions for Controlling Person Form

**Who must complete the controlling person form?**

The applicant, designee, or head of the governing body must complete and sign this form.

**Whose names must be entered on the Controlling Person Form?**

Controlling Persons include each:

- (1) Owner of the operation or member of the governing body of the operation, including, as applicable, an executive, an officer, a board member, a partner, or a sole proprietor;
- (2) Person who manages, administrates, or directs the operation or its governing body; or
- (3) Person who either alone or in connection with others has the ability to influence or direct the management, expenditures, or policies of the operation. For example, a person may have influence over the operation because of a personal, familial, or other relationship with the governing body, manager, or other controlling person of the operation.

A person does not have to be present at the operation or hold an official title at the operation or governing body in order to be a controlling person. An employee, lender, secured creditor, or landlord of the operation is not a controlling person unless the person meets the definition as stated above.

**When do I complete this form?**

Complete and sign this form when:

- (1) You submit an application to licensing for a residential permit, and
- (2) Within two days after a person becomes a controlling person at your residential operation.

**General instructions:**

Do not leave any blanks. Write "none," "not applicable," or "NA" if the item does not apply.

**Operation Information:**

Enter the operation name and operation number (if already licensed or certified). The remaining operation information is self-explanatory.

**Signature/date:** The applicant, designee, or head of the governing body must sign and date the form.

**For each controlling person list the following:**

**Name:** List every name used by this person, including maiden name and previous married names. Write out the middle name and not just the middle initial. Use additional pages as necessary.

**SSN (social security number):** The form cannot be processed without this information. Make sure to verify that this information is correct by comparing it to the person's social security card.

**Tax ID No:** Enter the nine-digit taxpayer identification number of the legal business entity, if applicable.

**Address and phone:** Enter the current information for the person.

**Title, Position, or Relationship:** Provide each title, position, or relationship that is applicable to the person.

**% of Ownership:** Give percentage of ownership, if applicable. If stock is publicly held, record this fact within the block.

**Effective Date of the Position:** Provide the date the person began the role of a controlling person.

**Page 2:** Provided in case you have many controlling people for the residential operation. Make as many copies of page 2 as you need to list all the names you wish to submit. Only one Page 1 is required each time you submit the form.

**Mailing instructions:**

Send the form to your local licensing office.