

Branch Office License Application - Personal Emergency Response System (PERS) Provider Texas Department of State Health Services – Professional Licensing and Certification Unit

For the purpose of this application, a PERS Branch Office is a place from which business is conducted, solicited, or advertised other than the Licensed PERS Provider's principal place of business as shown in DSHS records.

Mail this application with \$800.00 fee to:
PERS Licensing Program
Texas Department of State Health Services
P.O. Box 12197 – Capitol Station
Austin, Texas 78711-2197

Mail other correspondence (no fees enclosed) to:
PERS Licensing Program
Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3183

Telephone (512) 834-6602
Fax (512) 834-6677

E-mail pers@dshs.state.tx.us
Website http://www.dshs.state.tx.us/pers

Type or print legibly. All questions must be answered. Failure to do so may result in processing delays. Use N/A if a question is not applicable. This fully completed application form must be submitted with all required attachments or enclosures. Incomplete applications will result in a notice of deficiency to the applicant and a license will not be issued until the deficiency is resolved.

LICENSED PERS PROVIDER COMPANY NAME _____ PERS LICENSE # _____

This is a: ___ New Application for a Branch Office License ___ Renewal Application for Branch Office License# _____

BRANCH OFFICE BUSINESS NAME _____

BRANCH OFFICE ADDRESS (Street) _____

(City, State, Zip) _____ (County) _____

Branch Office Telephone (include area code) _____

Branch Office Fax (include area code) _____ Branch Office E-mail Address _____

Branch Office Manager Required to be Registered

All Licensed PERS Branch Offices must designate a Branch Office Manager who must hold a Branch Office Manager Registration issued by the Department of State Health Services. Complete the Registration Application form and submit the appropriate fee.

NAME OF BRANCH OFFICE MANAGER _____

Branch Office Employees, Agents, or Representatives Required to be Registered

Each Licensed Branch Office must ensure that all alarm installers and alarm salespersons hold a registration issued by Texas Department of State Health Services. Complete the Registration Application Form for each and submit with the appropriate fees. List names of all installers and salespersons who install or sell alarm systems on behalf of the provider (attach another page if necessary):

Declarations

Initial in each space below to verify your understanding of the statement and to attest to your intent to comply with the statement.

- _____ The applicant has read, understands, and agrees to comply with the Texas Health and Safety Code, Chapter 781, as added by the 79th Texas Legislature (Senate Bill 568, 2005).
- _____ The applicant understands that fees and materials submitted in the application process are non-refundable.
- _____ The applicant agrees to comply with all state and federal laws, regulations, and rules regarding the sale and delivery of personal emergency response system services.
- _____ The applicant does not sell, provide, install, monitor, or maintain burglar or fire alarm systems.
- _____ If issued a license, the applicant shall return the license to Texas Department of State Health Services upon revocation or suspension of the license, or upon lawful demand.
- _____ If issued a license, the applicant understands that the license must be renewed biennially (every two years) and that additional fees are required in order to renew the license.
- _____ The applicant understands that evidence of a general liability insurance policy on a form prescribed by Texas Department of State Health Services must be submitted with this application and that the liability policy must remain in full force and effect during the time the license is valid.
- _____ The applicant understands that salespersons, installers, managers, owners, officers, partners, and shareholders (as defined above) must register with Texas Department of State Health Services and the registration must be renewed biennially (every two years.) The applicant understands that additional fees are associated with initial and renewal registrations.
- _____ The applicant agrees to notify Texas Department of State Health Services of any change in salespersons, installers, managers, owners, officers, partners, and shareholders (as defined above) within 20 days of such change, and to initiate the registration process for new personnel within the same 20 days.
- _____ The applicant understands that disclosure of a social security number by an individual owner or a registrant is mandatory in accordance with the Texas Family Code, Section 231.302. Social Security numbers are confidential and will be used only for identification and reporting purposes required by law.

ATTESTATION

I attest that the information contained in this application form, and in all attachments or enclosures, is true and correct to the best of my knowledge and belief. Upon issuance of a license, I verify that the company and its owners, officers, partners, shareholders, employees, agents, and representatives shall comply with Texas law and applicable regulations regarding the sale and delivery of personal emergency response system services, including the applicable provisions of Texas Health and Safety Code Chapter 781, and the rules of the Texas Department of State Health Services relating to personal emergency response system providers.

Signature of Applicant

Date

Title (This form must be signed by an owner, officer, or partner, manager, or branch manager)

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Texas Government Code, Section 522.021, 522.023 and 559.004)