



**Type of Ownership (check one)**

\_\_\_\_\_ Individual (sole proprietor) using own name

\_\_\_\_\_ Individual (sole proprietor) using assumed name (Attach Certificate of Assumed Name issued by county clerk.)

\_\_\_\_\_ Partnership (Attach Certificate of Assumed Name from county clerk showing names of partners.)

\_\_\_\_\_ Corporation (Attach Certificate of Existence from the Texas Secretary of State.)

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

**Ownership Information – Each individual listed below must hold a registration as an owner, officer, partner, or shareholder. Complete and submit the Application for Registration Form (one for each person) with the required fee.**

Name of Individual Owner (only if Sole Proprietorship) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Corporation or Partnership Information** (for additional partners or officers, please attach a separate sheet).

Name of President or Partner \_\_\_\_\_

Name of Vice-President or Partner \_\_\_\_\_

Name of Secretary or Partner \_\_\_\_\_

Name of Treasurer or Partner \_\_\_\_\_

**Shareholders** List all shareholders who are *actively involved* in the normal course of operation and business of the company, not including those individuals who only hold stock in the company solely for the purpose of investment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trade Names and Addresses**

Please provide all trade names and website addresses at or through which PERS services will be provided to or advertised to Texas consumers.

\_\_\_\_\_  
\_\_\_\_\_

**Branch Locations**

List all physical branch office locations (each branch office must complete a separate Branch Office License Application Form).

\_\_\_\_\_  
\_\_\_\_\_

**PERS Monitoring**

Who will provide monitoring services?      \_\_\_\_\_ Employees of the licensee.      \_\_\_\_\_ Employees of another entity.

If monitoring is provided by another entity, list **the name and address** of the entity below and describe **how monitoring will occur** in accordance with applicable law and rules. Please note that the license holder assumes complete responsibility for the monitoring function, even if another entity provides monitoring services through a contract with the license holder.

---

---

---

**Employees, Agents, or Representatives Required to be Registered**

**NOTE:** Each licensed provider and licensed branch office must designate a manager, who must hold a manager registration issued by Texas Department of State Health Services. Complete the Registration Application Form and submit it with the appropriate fee.

Name of Manager and Branch Office Managers:

---

**NOTE:** Each alarm installer and alarm salesperson who enters any clients' home must complete a Registration Application Form and submit it with the appropriate fee. List name of each installer and salesperson who may enter a client's homes in the space below:

---

---

---

---

**Other Licenses and Certifications Held**

If the applicant holds any professional, occupational, or business license, registration, permit, or certification issued by a state or territory of the United States, state the profession, business, or occupation, the license number, the date issued, and the name and address of the issuing governmental entity. (Attach additional pages if necessary.)

---

---

Has the applicant ever had a professional, occupational, or business license denied, revoked, cancelled, disciplined, or suspended; or has the applicant ever surrendered a professional, occupational, or business license?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide the date and briefly state the reason.

---

---

**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 79<sup>th</sup> 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.)

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)