

Registration Application

Owner, Manager, Partner, Officer, Shareholder, Installer, and/or Salesperson of a Licensed Personal Emergency Response System (PERS) Provider

Texas Department of State Health Services – Professional Licensing and Certification Unit

Mail this application with the appropriate 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/

Make copies of this form as needed. Each individual must complete a separate registration application. 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 registration will not be issued until the deficiency is resolved.

This application form is only for the registration of an individual as an owner, manager, officer, partner, shareholder, alarm installer, or alarm salesperson of a DSHS-licensed Personal Emergency Response System (PERS) provider, as the term PERS is defined by Texas Health and Safety Code, Chapter 781.

NOTE: Individuals who own, manage, or provide a combination of alarm system services, including a burglar or fire alarm, in addition to PERS services are ineligible for registration through Texas Department of State Health Services. Such individuals must contact the Private Security Bureau, Texas Department of Public Safety, at (512) 424-2000 or visit <www.txdps.state.tx.us> for licensing information.

This is a: New Application for a registration Renewal Application for registration # _____

Full Name _____

Other Names Used _____

Date of Birth _____ Social Security Number _____

Mailing Address _____

City, State, Zip _____

County _____

Telephone (include area code) _____

Fax (include area code) _____

E-mail Address _____

Categories of Registration

Please check the category of registration for which you are applying and remit the appropriate fee amount with this application to the address shown on page 1. Check only one category.

- Application, Initial License, or Branch Office \$800.00
- PERS Installer \$125.00
- PERS Salesperson or Distributor \$125.00
- Manager or Branch Manager \$125.00
- Owner, Officer, Partner, or Shareholder \$125.00
- Manager or Branch Manager who is also Owner, Officer, Partner, or Shareholder \$125.00

Renewal Fees

- License or Branch Office \$800.00
- PERS Installer, Manager, Branch Office Manager, or Salesperson \$125.00
- Owner, Officer, Partner, or Shareholder \$125.00

NOTE: For the purposes of registration, a **shareholder** is defined as "Any individual holding stock in a licensee who is actively involved in the normal course of operation and business of the licensee and shall not include those individuals who only hold stock in the licensee solely for the purposes of investment." For the purposes of registration, a **PERS Salesperson** is defined as a person who is employed "to sell services offered by the contractor; and enters a client's residence at any time during the person's employment."

DSHS-Licensed PERS Provider

Please identify the name and license number of all PERS Providers (licensed company) with which you are associated or employed:

NOTE: You are ineligible for registration in any category if you are not associated with or employed by a DSHS-licensed PERS provider.

Other Licenses and Certifications Held

If you hold 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.)

Have you ever had a professional, occupational, or business license denied, revoked, cancelled, disciplined, or suspended; or have you ever surrendered a professional, occupational, or business license?

Yes No

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

Criminal History

Have you ever pled nolo contendere or been convicted of any crime other than a minor traffic violation? (Please note that DWI is not a minor traffic violation.)

_____ YES _____ NO

IMPORTANT: Discovery of criminal conviction information not disclosed by you may result in the denial of your application and the disclosure of discovered information to other licensing boards or agencies. **If you answered "YES"**, please provide the date of the conviction or plea, the specific nature of the crime or plea, the jurisdiction in which the conviction or plea occurred, and your age at the time of the conviction or plea. You may also attach a written statement, if you wish, describing the conviction and any mitigating factors you wish to be considered in an evaluation of the matter.

Declarations

Initial in each space below to declare 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.
- _____ The applicant understands that fees and materials submitted in the application process are non-refundable and non-returnable.
- _____ 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. (Applicants who provide PERS services in combination with burglar/fire alarm services are ineligible for registration through DSHS.)
- _____ If issued a registration, the applicant shall return the registration to Texas Department of State Health Services upon revocation or suspension of the registration, or upon lawful demand.
- _____ If issued a registration, the applicant understands that the registration must be renewed biennially (every two years) and that additional fees are required in order to renew the registration.
- _____ The applicant understands that disclosure of a social security number by 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.
- _____ The applicant understands that a registration is only valid as long as the registrant is employed by or associated with the Licensed PERS Provider identified on this form. If a registrant becomes employed by or associated with another Licensed PERS Provider, the original registration is invalid and the applicant must reapply for registration.

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 registration, I verify and attest that I shall comply with applicable 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

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)