



Application for Motor Vehicle Title Service License

Pursuant to Texas Administrative Code: Title 43, Part 5, Chapter 95, Rule 95.1 individuals wishing to complete an application to register as a new Motor Vehicle Title Service **MUST** apply in person at the Harris County Administration Building: 1001 Preston, Room 100, Houston, TX 77002.

Please complete this printable form online or write legibly in blue or black ink ONLY within the lines provided. This form will NOT be accepted, and the application fee will be forfeited if it is illegible, altered or incomplete.

You are required to notify us immediately of any changes that pertain to your Motor Vehicle Title Service License.

<input type="checkbox"/>	New Application	<input type="checkbox"/>	Renewal Application
Type of Company	Individual	Partnership	Limited Partnership
	Limited Liability Partnership	Corporation	Limited Liability Corporation

Business Information

Business Name (as listed on DBA or Secretary of State documents):				
Business Location – Address #1 (physical address of each office from which the applicant will conduct business)				
Street:	City:	State:	Zip:	County:
Business Location – Address #2 (physical address of each office from which the applicant will conduct business)				
Street:	City:	State:	Zip:	County:
Mailing Address (if different from above)				
Street:	City:	State:	Zip:	County:
Business Phone: () ()	Alt. Phone: () ()	Business Email Address:		
Federal Tax ID Number		State Sales Tax Number		

Applicant Information

1. Full Legal Name of Applicant (first, middle, last)				
Applicant Residential Address:				
Street:	City:	State:	Zip:	County:
Applicant Phone: () ()	Alt. Phone: () ()	Applicant Email Address:		
Date of Birth (mm-dd-yy)	Social Security Number	Valid Texas DL or ID Number	Expiration Date	

Please list below each individual and entity holding ownership in the business (attach additional pages if necessary)

2. Full Legal Name of Applicant (first, middle, last)				
Applicant Residential Address:				
Street:	City:	State:	Zip:	County:
Applicant Phone: () ()	Alt. Phone: () ()	Applicant Email Address:		
Date of Birth (mm-dd-yy)	Social Security Number	Valid Texas DL or ID Number	Expiration Date	

3. Full Legal Name of Applicant (first, middle, last)				
Applicant Residential Address:				
Street:	City:	State:	Zip:	County:
Applicant Phone: () ()	Alt. Phone: () ()	Applicant Email Address:		
Date of Birth (mm-dd-yy)	Social Security Number	Valid Texas DL or ID Number	Expiration Date	



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Full Legal Name of Applicant (first, middle, last)									
Are you a United States Citizen?	YES	<input type="checkbox"/>	NO		If No, are you a legal resident?	YES	<input type="checkbox"/>	NO	
If you are not a non-legal resident, what is your INS/DHS number?									

Background Information

Each individual holding ownership must answer background information separately.

1. Have you ever applied for a Motor Vehicle Title Service License?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, list YEAR and COUNTY
2. Have you ever applied for a Motor Vehicle Title Service Runner License?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, list YEAR and COUNTY
3. Have you ever had a Motor Vehicle Title Service License or Runner License revoked or suspended?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, list YEAR and COUNTY
4. Have you ever been denied a Motor Vehicle Title Service License or Runner License?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, list YEAR and COUNTY
5. Have you now or in the past 5 years been under court supervision through probation, parole, or deferred adjudication for any criminal offense or crime of moral turpitude?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, list YEAR and COUNTY
6. Have you ever been finally convicted for any felony offense or any offense involving moral turpitude?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, list YEAR and COUNTY
7. Do you currently owe any county taxes, fines, or fees? <i>If yes, you may not be eligible to conduct business with Harris County until cleared.</i>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, list YEAR and COUNTY

Banking Information

Bank Name:	Branch Location:	Account Number:
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I swear and affirm that all the information I have provided in this application is true and accurate to the best of my knowledge. By signing this document, I willfully give permission for Harris County Tax Office and local law enforcement agencies to conduct a criminal background check.

Applicant Signature: _____ Date: _____

WARNING: Falsifying information on any required statement or government document is a criminal offense and is punishable by fine and/or imprisonment.

Submit the following ORIGINAL documents with your application to the Harris County Tax Assessor-Collector's Office:

- Valid Texas Driver License or Texas Identification Card _____
- Social Security Card (provide your INS or DHA documents if your Social Security Card requires it) _____ **Names MUST match**
- Photo of building where business is physically located (business name as listed on DBA must be evident on the outside of the building)
- Assumed Name Certificate (DBA). If a corporation, also include current Secretary of State documents listing all officers