ANNETTE RAMIREZ
TAX ASSESSOR-COLLECTOR & VOTER REGISTRAR

PRINT
RESET

Application for Motor Vehicle Title Service License

Please complete this printable form online or write legibly in blue or black ink ONLY.
This form will NOT be accepted, and the application fee will be forfeited if illegible, altered, or incomplete.
You are required to notify us immediately of any changes that pertain to your Motor Vehicle Title Service License.

◯ **New Application**			◯ **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):

Principal Location – Address #1 (principal location of records):

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 Number: ( )	**Alt. Business Phone:** ( )	**Business Email Address:**
Federal Tax ID Number: (include completed W-9 form)		**State Sales Tax Number:** (include copy of certificate)

Applicant Information

1. Full Legal Name of Applicant (first, middle, last):

Applicant Residential Address:

Street: City: State: Zip: County:

Applicant Phone: ( )	**Applicant Email Address:**		
Date of Birth (mm-dd-yy):	**Social Security Number:**	**Valid Texas DL or ID Number:**	**DL / ID Expiration Date:**

Please list below each additional individual(s) holding ownership within 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: ( )	**Applicant Email Address:**		
Date of Birth (mm-dd-yy):	**Social Security Number:**	**Valid Texas DL or ID Number:**	**DL /ID Expiration Date:**

3. Full Legal Name of Applicant (first, middle, last):

Applicant Residential Address:

Street: City: State: Zip: County:

Applicant Phone: ( )	**Applicant Email Address:**		
Date of Birth (mm-dd-yy):	**Social Security Number:**	**Valid Texas DL or ID Number:**	**DL / ID Expiration Date:**

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Application for Motor Vehicle Title Service License (cont.)

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EACH APPLICANT HOLDING OWNERSHIP WITHIN THE COMPANY MUST COMPLETE PAGE 2 INDIVIDUALLY.

Full Legal Name of Applicant (first, middle, last):

Are you legally permitted to work in the United States?	**YES** ◯	**NO** ◯

Do you want to receive your certificate by:	**Certified Mail** ◯	**Badge Picture Day** ◯

Background Information

1. Have you ever applied for a Motor Vehicle Title Service License?	**NO** ◯	**YES** ◯	If yes, list **YEAR** and **COUNTY**
2. Have you ever applied for a Motor Vehicle Title Service Runner License?	**NO** ◯	**YES** ◯	If yes, list **YEAR** and **COUNTY**
3. Have you ever had a Motor Vehicle Title Service License or Runner License revoked or suspended?	**NO** ◯	**YES** ◯	If yes, list **YEAR** and **COUNTY**
4. Have you ever been denied a Motor Vehicle Title Service License or Runner License?	**NO** ◯	**YES** ◯	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** ◯	**YES** ◯	If yes, list **YEAR** and **COUNTY**
6. Have you ever been finally convicted of any felony offense or any offense involving moral turpitude?	**NO** ◯	**YES** ◯	If yes, list **YEAR** and **COUNTY**
7. Do you currently owe any county taxes, fines, or fees? *If yes, you will not be eligible to conduct business until cleared.*	**NO** ◯	**YES** ◯	If yes, list **YEAR** and **COUNTY**

Banking Information

Bank Name:	**Complete Banking Location Address:**	**Account Number:**

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 to the 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.

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Submit copies of the following supporting documents with your application and payment:

☐ Valid Texas Driver License or Texas State issued Identification Card.
☐ Social Security Card. → **Names MUST match**
☐ Clear photo of where business is physically located with **permanent** signage showing licensed business name with business phone number.
☐ State Sales Tax Number must show **active** and in Title Service business name.
☐ Completed IRS W-9 form.
☐ Federal Tax and State Sales Tax certificates.
☐ Current DBA Certificate (issued by County Clerks' Office) **or**
☐ If a corporation, copy of complete Secretary of State documents including Certificate of Formation (listing officers), Assumed Name Certificate and Certificate of Amendment (if applicable).
☐ **ORIGINAL** Texas DPS fingerprint based criminal history record check dated within 90 days of application.
https://www.dps.texas.gov/internetforms/Forms/CR-63.pdf

NOTE: Additional supporting documentation may be requested upon application processing.

Acceptable Forms of Payment: Check in Title Service Business Name, Cashier's Check or Money Order
Made payable to: Annette Ramirez
****personal/temporary checks not accepted****

Application Fees:

- $500.00 New Application Fee
- $500.00 Renewal Application Fee
  - If 1- 90 days late, additional $250.00 penalty fee will apply
    Transportation Code: Sec. 520.060 – License Renewal (c)
  - If more than 90 days late, additional $500.00 penalty fee will apply
    Transportation Code: Sec. 520.060 – License Renewal (d)

Application Submission:

Drop Off: (place in envelope marked "Special Investigations Unit")	**Mail In:**
Tax Office Distribution Center **11525 Todd St.** Houston, Texas 77055 Monday and Tuesday from 8:00 a.m. - 9:30 a.m.	Office of Annette Ramirez Harris County Tax Assessor-Collector **Attn: Special Investigations Unit** 1001 Preston Street Houston, Texas 77002-1839

If mailing, we strongly suggest you send your application utilizing a mail/delivery service with some form of tracking.

Applications that contain false information, whether in the application or in any supporting documents, may be denied. An applicant whose application is denied for submitting false information forfeits the license fee and will be prohibited from reapplying for a license.