



### Ownership & Management Information

This is important:

- Submitting an application containing false, misleading, or incomplete information may be grounds for denial or license cancellation, revocation, or suspension.
- A person who knowingly makes a false statement in connection with applying for or renewing a license may be subject to criminal prosecution.

If you are in doubt as to how to respond to these questions, full and honest disclosure is highly recommended.

<b>1.</b>	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder ever been convicted of a felony or misdemeanor offense in any in-state, out-of-state, or federal jurisdiction? (If yes, submit <i>Criminal History</i> , Form LF606.)	<input type="radio"/> Yes  <input type="radio"/> No
<b>2.</b>	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever received a deferred adjudication for a felony or misdemeanor offense in any in-state, out of state, or federal jurisdiction? (If yes, submit <i>Criminal History</i> , Form LF606.)	<input type="radio"/> Yes  <input type="radio"/> No
<b>3.</b>	Has any person listed on this form, or any officer, director, partner, trustee, or other person acting in a representative capacity for the applicant or license holder, ever been convicted by a court martial or is currently the subject of a pending court martial under the Uniform Code of Military Justice? (If yes, submit <i>Criminal History</i> , Form LF606.)	<input type="radio"/> Yes  <input type="radio"/> No
<b>4.</b>	Does any person listed on this form, any officer, director, partner, trustee, any other person acting in a representative capacity for the applicant or license holder, or the business entity itself have a history of insolvency, including outstanding or unpaid debts, judgments, or liens, unless the debt was discharged under 11 U.S.C. §§101 et seq. (Bankruptcy Act) or is pending resolution under a case filed under the Bankruptcy Act? (If yes, submit statement of explanation.)	<input type="radio"/> Yes  <input type="radio"/> No

**TYPE OF BUSINESS (check only one box):**

- Sole Proprietorship     
  General Partnership     
  Limited Partnership/LTD     
  Other (Specify below)
- Limited Liability Company     
  Corporation     
  Limited Liability Partnership     
 \_\_\_\_\_

#### Ownership & Management Instructions

- List all individuals and business entities with any ownership interest in the business (this includes sole proprietors) until total ownership indicated equals 100%. Only direct ownership of the business entity (applicant) applying for the license should be provided. If direct ownership is held by another business entity, do not list that business entity's ownership.
- List all individuals who hold a management role in the business operations.

Information Fields:

- **Name of Owner or Manager.** List the full legal name and SSN/EIN of each person or business entity that has an ownership or management role.
- **Title.** Examples include Owner, President, CEO, Partner, General Partner, Member, etc.
- **% of Ownership.** Include the ownership percentage for each person or business entity with an ownership role.
- **Driver License.** Attach a copy of the driver license for each individual person listed. If the driver license was issued in a foreign country, provide that information.
- **Business Type.** If the applicant is a publicly traded or nonprofit corporation, please mark the appropriate box and complete that section by providing one officer/director in lieu of full ownership information.

Business Name: \_\_\_\_\_

## Ownership & Management Details

1.	_____	_____	_____	_____	_____
	Name of Owner (Person or Business) or Manager	Title	% of Ownership (Owner Only)		
	_____	_____	_____	_____	_____
	Date of Birth	Driver License # and State	Expiration Date	SSN (if person)	OR EIN (if business)
	If this is a business, is it nonprofit?	<input type="radio"/> YES <input type="radio"/> NO			
	If this is a business, is it PUBLICLY TRADED?	<input type="radio"/> YES <input type="radio"/> NO			
2.	_____	_____	_____	_____	_____
	Name of Owner (Person or Business) or Manager	Title	% of Ownership (Owner Only)		
	_____	_____	_____	_____	_____
	Date of Birth	Driver License # and State	Expiration Date	SSN (if person)	OR EIN (if business)
	If this is a business, is it nonprofit?	<input type="radio"/> YES <input type="radio"/> NO			
	If this is a business, is it PUBLICLY TRADED?	<input type="radio"/> YES <input type="radio"/> NO			
3.	_____	_____	_____	_____	_____
	Name of Owner (Person or Business) or Manager	Title	% of Ownership (Owner Only)		
	_____	_____	_____	_____	_____
	Date of Birth	Driver License # and State	Expiration Date	SSN (if person)	OR EIN (if business)
	If this is a business, is it nonprofit?	<input type="radio"/> YES <input type="radio"/> NO			
	If this is a business, is it PUBLICLY TRADED?	<input type="radio"/> YES <input type="radio"/> NO			
4.	_____	_____	_____	_____	_____
	Name of Owner (Person or Business) or Manager	Title	% of Ownership (Owner Only)		
	_____	_____	_____	_____	_____
	Date of Birth	Driver License # and State	Expiration Date	SSN (if person)	OR EIN (if business)
	If this is a business, is it nonprofit?	<input type="radio"/> YES <input type="radio"/> NO			
	If this is a business, is it PUBLICLY TRADED?	<input type="radio"/> YES <input type="radio"/> NO			
5.	_____	_____	_____	_____	_____
	Name of Owner (Person or Business) or Manager	Title	% of Ownership (Owner Only)		
	_____	_____	_____	_____	_____
	Date of Birth	Driver License # and State	Expiration Date	SSN (if person)	OR EIN (if business)
	If this is a business, is it nonprofit?	<input type="radio"/> YES <input type="radio"/> NO			
	If this is a business, is it PUBLICLY TRADED?	<input type="radio"/> YES <input type="radio"/> NO			
6.	_____	_____	_____	_____	_____
	Name of Owner (Person or Business) or Manager	Title	% of Ownership (Owner Only)		
	_____	_____	_____	_____	_____
	Date of Birth	Driver License # and State	Expiration Date	SSN (if person)	OR EIN (if business)
	If this is a business, is it nonprofit?	<input type="radio"/> YES <input type="radio"/> NO			
	If this is a business, is it PUBLICLY TRADED?	<input type="radio"/> YES <input type="radio"/> NO			

### OWNERSHIP PERCENTAGE TOTALING 100% IS REQUIRED

*All persons listed must provide SSN.*

#### Privacy Statement

The Texas Department of Motor Vehicles maintains information collected through this form. With few exceptions, Texas Government Code Chapter 559 entitles you to: (a) request to be informed about this information, and (b) have TxDMV correct information about you that is incorrect. Chapter 552 of the Government Code entitles you to receive and review this information. You must submit requests for information in writing. Requests may be submitted via email to [OGCOpenRecords@TxDMV.gov](mailto:OGCOpenRecords@TxDMV.gov); by fax to (512) 465-4112; or by mail or in person to: TxDMV, OGC Open Records, 4000 Jackson Ave., Austin, TX 78731. For more information, please call TxDMV at (888) 368-4689.