



# Annette Ramirez

Tax Assessor-Collector & Voter Registrar  
www.hctax.net

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

### Business Information

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

### Applicant Information

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

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

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

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



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Full Legal Name of Applicant (first, middle, last)									
Are you a United States Citizen?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If No, are you a legal resident?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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	YES	If yes, list YEAR and COUNTY
	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever applied for a Motor Vehicle Title Service Runner License?	NO	YES	If yes, list YEAR and COUNTY
	<input type="checkbox"/>	<input type="checkbox"/>	
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
	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever been denied a Motor Vehicle Title Service License or Runner License?	NO	YES	If yes, list YEAR and COUNTY
	<input type="checkbox"/>	<input type="checkbox"/>	
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
	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever been finally convicted for any felony offense or any offense involving moral turpitude?	NO	YES	If yes, list YEAR and COUNTY
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you currently owe any county any taxes, fines, or fees? <i>If yes, you may not be eligible to conduct business with Harris County until cleared.</i>	NO	YES	If yes, list YEAR and COUNTY
	<input type="checkbox"/>	<input type="checkbox"/>	

### 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