

Title insurance licensing biographical information

When sending this form with an application for a title insurance agent or direct operation license (Form FINT143), fill out this form for each individual listed for your business type:

- For a sole proprietorship, the sole proprietor and each designated on-site manager.
- For a partnership, each designated on-site manager and partner who is in control.
- For an entity, each officer, director, limited liability company manager, designated on-site manager, and person who is in control of the entity.
- Each controlling person of an entity or partnership who is in control of the entity or partnership applicant.

▶ Tell us about the title insurance agent or direct operation you are filling out

this form for:			_					
Name of the title insurance agent or direct operation								
TDI license number (if they have one)								
Firm ID number (if they have one) Federal tax identification number								
								Tell us about y
Name First name		name Last name	Suffix					
		Date of birth						
Home physical add								
Street address or ro	oute							
		State						
Positions you ho (check all that apply		title insurance agent or direct	operation					
☐ Shareholder	□ Member	□ Partner	□ LLC Manager					
□ Officer	□ Director	☐ Designated on-site manage	ner					

ins	urance agent or direct operation?		
	If yes:		
	Attach a resume that shows proof that you were a manager (or comparable title insurance agent or direct operation.	position) c	of a Texas
	If no:		
Sec	tion 2: Questions about legal offenses		
stat	en answering the following question: (1) include any offense filed against you in e, or by the federal government; and (2) do not include traffic violations and first ving while intoxicated or under the influence).	•	
1.	Do you have pending misdemeanor or felony charges (by indictment, information, or any other instrument)?	☐ Yes	□ No
2.	Have you been convicted of any misdemeanor or felony offense?	☐ Yes	□ No
3.	Have you had adjudication deferred on any misdemeanor or felony charge or offense?	☐ Yes	□ No
4.	Have you served probation for any misdemeanor or felony offense?	☐ Yes	□ No
0 I	f you answered "Yes" to any question in Section 2, attach one of the followi	ng:	
[A certified copy of: (1) the indictment or charging document, (2) conviction, (3 adjudication, and/or (4) judgment and conditions of probation from the appropriate is needed for each crime or offense.		_
	or		
[A statement that explains that you already sent information about the crime of Texas Department of Insurance.	r offense to	the
Υοι	also can send letters of recommendation and a resume with these attachments.		
Sec	tion 3: Questions about licenses, litigation, and more		
5. 1	 Have you, or has any corporation, partnership, association, or firm in which you were a director, officer, shareholder, manager, member, or partner, been: The subject of an administrative or legal action filed by Texas or another 	☐ Yes	□ No
	state's insurance department or financial regulatory agency? or		
	 The subject of an action filed on behalf of any state or by the federal government based on alleged violations of state or federal insurance, securities, or financial regulatory laws? 		
6. I	lave you had an agency contract or appointment canceled for cause such as a misrepresentation or misappropriation?	□ Yes	□ No

During the past 5 years, were you a manager (or comparable position) of a Texas title

7. Have you had a professional license, or an insurance license denied, suspended, or revoked in Texas or any other state?	☐ Yes	□ No
. Have you had any judgments against you held by an insurance company or insured person or business that are unpaid in whole or in part?		□ No
9. Have you had any judgments against you that involved a violation of the Texas Insurance Code or the insurance laws of any other state?	□ Yes	□ No
10. Have you ever applied for a letter of consent, as required under section 18 U.S.C. 1033(e), from any insurance regulatory official from Texas or any other state?	□ Yes	□ No
□ If yes:		
Attach a statement that gives details about the proceeding's outcome and all supporting documents.		
 If no and you have been convicted of (1) any criminal felony involving dishonesty or breach of trust, or (2) an offense under section 18 U.S.C. 1033: Attach a signed and notarized request for written consent and all 		
supporting documents.		
(l) If you answered "Yes" to any question in Section 3, attach a statement with o	lates and	details.
Fingerprint background check:		
Most people must: (1) get a fingerprint background check, and (2) send us a copy of that their fingerprints were sent to the Texas Department of Public Safety.	the receipt	t showing
 To schedule a fingerprint appointment, go to IdentoGO or call 1-888-467-208 11G6QF when making the appointment. 	30. Use ser	vice code
 You do not need to get a fingerprint background check if you live in Tex (1) have an active license or registration with TDI, or (2) had an escrow officer been canceled for more than 60 days. 		
If you have an active license or registration or had an escrow officer license, your license number?	what is o	r was
To learn more about requirements, go to		

► To be filled out by a notary public:

State of	
County of	
Before me, notary public, on this day personally appeared _	
	Name of person who filled out this form
known to me to be the person whose name is subscribed t duly sworn, declared that the statements therein contained	3 3
(Personalized seal)	Notary public's signature

▶ Return this form and any attachments one of these ways:

Mail:

Agent and Adjuster Licensing Texas Department of Insurance PO Box 12030, MC: CO-AAL Austin, Texas 78711-2069 Overnight mail or in person:

Agent and Adjuster Licensing Texas Department of Insurance 333 Guadalupe, MC: CO-AAL Austin, Texas 78701

Email: TDI-TitleLicensing@tdi.texas.gov

► Contact us if you have questions:

You can: (1) use our online question form at www.tdi.texas.gov/agent/ guestion.html,(2) email TDI-TitleLicensing@tdi.texas.gov, (3) or call 512-676-6500.

► Know your rights:

You have the right to see and get facts we have about you: If you want to get information we have about you, you must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:

Email: OpenRecords@tdi.texas.gov]

Fax: 512-490-1021

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance Public Information Coordinator PO Box 149104 (Mail code 110-1C)

Austin, Texas 78714-9104

► Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.