



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

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 yourself:**

Section 1: Questions about name, address, and position

Name _____
 First name Middle name Last name Suffix

Social Security number _____ **Date of birth** ____ / ____ / ____

Email _____

Home physical address

Street address or route _____

City _____ State _____ Zip _____

Positions you hold related to this title insurance agent or direct operation

(check all that apply)

Shareholder Member Partner LLC Manager

Officer Director Designated on-site manager

During the past 5 years, were you a manager (or comparable position) of a Texas title insurance agent or direct operation?

If yes:

 Attach a resume that shows proof that you were a manager (or comparable position) of a Texas title insurance agent or direct operation.

If no:

 Attach a certificate of completion for a management training course, as outlined in Procedural Rule P-28.IV.A of the Title Insurance Basic Manual (www.tdi.texas.gov/title/titleman.html).

Section 2: Questions about legal offenses

When answering the following question: (1) include any offense filed against you in Texas, any other state, or by the federal government; and (2) do not include traffic violations and first offense DWI (driving 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

 **If you answered "Yes" to any question in Section 2, attach one of the following:**

A certified copy of: (1) the indictment or charging document, (2) conviction, (3) order deferring adjudication, and/or (4) judgment and conditions of probation from the appropriate jurisdiction. This is needed for each crime or offense.

or

A statement that explains that you already sent information about the crime or offense to the Texas Department of Insurance.

You also can send letters of recommendation and a resume with these attachments.

Section 3: Questions about licenses, litigation, and more

5. Have you, or has any corporation, partnership, association, or firm in which you were a director, officer, shareholder, manager, member, or partner, been: Yes No
 - The subject of an administrative or legal action filed by Texas or another 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. Have you had an agency contract or appointment canceled for cause such as a misrepresentation or misappropriation? Yes No

- 7. Have you had a professional license, or an insurance license denied, suspended, or revoked in Texas or any other state? Yes No
- 8. 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? Yes 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.

If you answered "Yes" to any question in Section 3, attach a statement with dates and details.

► **Fingerprint background check:**

Most people must: (1) get a fingerprint background check, and (2) send us a copy of the receipt showing that their fingerprints were sent to the Texas Department of Public Safety.

- To schedule a fingerprint appointment, go to [IdentoGO](#) or call 1-888-467-2080. Use service code 11G6QF when making the appointment.
- **You do not need to get a fingerprint background check if you live in Texas and either:** (1) have an active license or registration with TDI, or (2) had an escrow officer license that has not been canceled for more than 60 days.

If you have an active license or registration or had an escrow officer license, what is or was your license number? _____

To learn more about requirements, go to www.tdi.texas.gov/agent/escrow-officer-apply.html.

► **Sign here:**

I confirm that all statements, supporting forms, schedules, documents, and exhibits given for this license are true and correct.

Signature of person filling out this form

Date

► **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 to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized seal)

 Notary public's signature

► **Return this form and any attachments one of these ways:**

Mail:

Texas Department of Insurance
 Title Licensing (Mail code 107-TL)
 PO Box 149104
 Austin, Texas 78714-9104

Email: TDI-TitleLicensing@tdi.texas.gov

Overnight mail or in person:

Texas Department of Insurance
 Title Licensing (Mail code 107-TL)
 333 Guadalupe
 Austin, Texas 78701

► **Contact us if you have questions:**

You can: (1) use our online question form at www.tdi.texas.gov/agent/question.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

You have the right to ask that we fix information we have about you that is wrong: If you want to ask that we fix information we have about you that is wrong, you must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:

Email: RecordCorrections@tdi.texas.gov
 Fax: 512-490-1025
 In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance
 Record Correction Request
 PO Box 149104 (Mail code 113-1C)
 Austin, Texas 78714-9104