

Application for Residency Change to Texas

► Important information

- We will only accept forms sent by regular mail.
- There is no fee required.
- You must include all required documents.
- For information about fingerprints, view the [Fingerprinting Instructions Guide](#).

► Information about you

Texas non-resident license number _____

Name as listed on Texas non-resident license

First name

Middle name

Last name

Phone number _____

Email address _____

Note: Complete all address sections.

Residential address (determines residency status)

Street address (P.O. Box **not** accepted) _____

City _____ State _____ ZIP _____

Mailing address (may be the same as residential address)

Street address (P.O. Box accepted) _____

City _____ State _____ ZIP _____

Business address (may be the same as residential address)

Street address (P.O. Box **not** accepted) _____

City _____ State _____ ZIP _____

► **Background information**

1. Excluding traffic violations and first offense DWI:
 - a. Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, in any other state, or by the federal government?
 No Yes
 - b. Have you ever been convicted of any misdemeanor or felony offense in Texas, in any other state, or by the federal government?
 No Yes
 - c. Have you ever had adjudication deferred on any misdemeanor or felony charge or offense in Texas, in any other state, or by the federal government?
 No Yes
 - d. Have you ever served any period of probation for any misdemeanor or felony offense in Texas, in any other state, or by the federal government?
 No Yes
 - e. Have you ever been subject to charges referred to in a special or general court-martial?
 No Yes
 - f. Are you under investigation or charged with an offense under the Uniform Code of Military Justice?
 No Yes

If you answer "Yes" to any questions, you must submit original certified copies of the charging document, indictment, information, or any other charging document, judgment of conviction or deferred adjudication order, probation order, order terminating probation, community supervision or parole certificate for each and every offense. If the court no longer has the records, ask the court provide us with a letter on its letterhead stating that. If you were arrested only and not prosecuted, provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offenses. You must include your age at the times of the offenses. You may provide letters of recommendations from people who are aware of your criminal past.

2. Have you or any entity 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 any other insurance department, or financial regulatory agency?
 No Yes

If you answer "Yes," we will not process your application until you have provided us with full details of the administrative or legal action.

3. Have you or the entity had any action filed against you on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?

No Yes

If you answer "Yes," we will not process your application until you have provided us with full details of the administrative or legal action.

4. Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court-appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?

No Yes

If you answer "Yes," we will not process the application until you provide us with full details of the indebtedness.

5. Have you ever had an agency contract or company appointment canceled for cause (for example, misrepresentation, misappropriation)?

No Yes

If you answer "Yes," we will not process the application until you have provided us with full details. Cancellation for cause does not include cancellations due to license expiration (nonrenewal).

6. This application is for a resident license with Texas. I am currently licensed as a non-resident licensee in Texas.

No Yes

7. I understand by becoming a Texas resident licensee, I am required to comply with Texas Continuing Education requirements.

No Yes

8. Do you qualify as any of the following?

a. "Military service member" – means a person who is currently serving in the U.S. military, or in a reserve component of the military, including the National Guard, or in a state military of any state.

No Yes

b. "Military spouse" – means a person who is married to a military service member who is currently on active duty.

No Yes

c. "Military veteran" – means a person who has served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or in an auxiliary service of one of those branches of the military.

No Yes

Note: If you answer "Yes" to any part of question 7, mark the top of Page 1 of this application with a highlighted "M."

► Certification

The answers I gave on this form are true and correct. I understand that by changing my resident state to Texas, I am subject to compliance with Texas' continuing education requirements.

Licensee signature

Date

Print name

► Instructions

Mail the completed form, attachments, and required fee to:

Agent and Adjuster Licensing
Texas Department of Insurance
P.O. Box 12030, MC: CO-AAL
Austin, Texas 78711-2030

► Questions

If you have any questions or need help, contact Customer Service at 512-676-6500 or license@tdi.texas.gov.

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, PO 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, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.