



**CHECKLIST  
FOR  
MOTOR VEHICLE SALES FINANCE APPLICATIONS**

The following items **MUST** be submitted or on file in order for the application to be accepted by the OCCC. ***If any of the applicable items listed below are missing, the application may be returned to you for completion.*** Additional information may be required in order for the application to be approved.

**ALL APPLICANTS**

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Application (ADM 60a)  | <input type="checkbox"/> Statement of Experience               |
| <input type="checkbox"/> Application Questionnaire (ADM 60b)  | <input type="checkbox"/> Business Operations Plan              |
| <input type="checkbox"/> Disclosure of Owners and Principal Parties (ADM 11)  | <input type="checkbox"/> List of Registered Office(s) (ADM 61) |
| <input type="checkbox"/> Statutory Agent Disclosure (ADM 13)  | <b>Each Principal Party must file:</b>                         |
| <input type="checkbox"/> Retail installment contracts to be used in the business  | <input type="checkbox"/> Personal Affidavit (ADM 15a)          |
| <input type="checkbox"/> Copy of Assumed Name Certificate (ADM 20 or 21)<br>as filed with applicable county or state office | <input type="checkbox"/> Employment History (ADM 15b)          |
| <input type="checkbox"/> Fees-Refer to Fee Structure Worksheet (ADM 69)   | <input type="checkbox"/> Personal Questionnaire (ADM 16)       |
| <input type="checkbox"/> Statement regarding previous installment transactions  | <input type="checkbox"/> Fingerprint cards                     |

**CORPORATIONS**

- |  |   |
|--|---|
| <input type="checkbox"/> Bylaws (submit portions relating to officers and directors)             | <input type="checkbox"/> Minutes electing, or certification from the secretary of the corporation identifying, the statutory agent and all current officers and directors as listed on the license application. |
| <input type="checkbox"/> Publicly Held Corporations: the most recent Quarterly or Annual Reports |   |

**LIMITED LIABILITY COMPANIES**

- |   |  |
|---|--|
| <input type="checkbox"/> Operating Agreement (submit portions relating to company management and business operations) | <input type="checkbox"/> Minutes of meetings electing, or a certification identifying, the statutory agent and all current officers, directors, and managers as listed on the license application. |
|---|--|

**PARTNERSHIPS**

- Partnership Agreement (submit portions relating to company management and business operations)

**TRUSTS**

- Submit portions of trust agreement relating to management of trust and operation of the business.

**ESTATES**

- Submit portions of the instrument establishing the estate that relate to management of the estate and operation of the business.

**FOREIGN ENTITY**

- Statement of Recordkeeping

**If you are purchasing another dealership and wish to operate under their existing motor vehicle sales finance license, you must submit a request for permission to continue operations while the transfer application is being processed. For more information, see administrative rule 7 TAC §1.1403(d)(e).**



**APPLICATION**

**FOR**

**MOTOR VEHICLE SALES FINANCE LICENSE**

*All questions must be answered. Write N/A if not applicable.*

This application is for:  **New License**  
 **Transfer** (change in ownership or form of business) of **License Number** \_\_\_\_\_

This application is for:  **Active License**       **Inactive License**

Applicant is:  **Proprietor**       **General Partnership**       **Limited Liability Company**  
 **Corporation**       **Limited Partnership**       **Other** \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Operating Name (DBA) \_\_\_\_\_

Texas Department of Transportation Motor Vehicle Dealer License Number (GDN) \_\_\_\_\_

Federal Employment Identification Number (FEIN) \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address of Licensed Location (*No P.O. Boxes*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (*If different from above*) \_\_\_\_\_

Individual Primarily Responsible for Daily Financing Operations at this Location \_\_\_\_\_

Person to contact about this application _____	
Title _____	Phone Number (_____) _____
Fax Number (_____) _____	Email Address _____

The undersigned affirms that all answers made in the Application for License, Disclosure of Owners and Principal Parties, Application Questionnaire and in all supporting schedules and exhibits are true, correct, and complete and are made for the purpose of securing the license(s) indicated here. The applicant is of good moral character, good business repute, and possesses the character and general fitness necessary to warrant belief that the applicant will operate the business lawfully and fairly within the provisions of the Texas Finance Code. **FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.**

\_\_\_\_\_  
Signature                      Title                      Date

\_\_\_\_\_  
Signature                      Title                      Date

\_\_\_\_\_  
Signature                      Title                      Date

\_\_\_\_\_  
Signature                      Title                      Date

**The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or make an open records request, contact our Public Information Officer at 512-936-7639 or info@occc.state.tx.us.**



**DISCLOSURE OF OWNERS AND PRINCIPAL PARTIES**  
**FOR**  
**MOTOR VEHICLE SALES FINANCE LICENSE**

**OWNER(S) Proprietors, Partners, Members or Shareholders**

(List complete ownership percentages. Proprietors, include spouses with community property interest. Provide the names of all general partners regardless of the percentage of ownership. All stockholders, members, and limited partners owning 10% or more must be listed. If an owner is a legal entity and not a natural person, a narrative or diagram must be included that describes each level of ownership)

_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%

**OFFICERS** (List must be in compliance with organizational documents)

President _____	Vice President _____
Secretary _____	Treasurer _____
Other (Specify) _____	_____

**DIRECTORS** (List must be in compliance with organizational documents)

_____	_____
_____	_____
_____	_____

**OTHER PRINCIPAL PARTIES** (Trustee, Administrator or Corporate Designees)

_____	_____
_____	_____

The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).



**APPLICATION QUESTIONNAIRE FOR A  
MOTOR VEHICLE SALES FINANCE LICENSE**

To be completed for the **business** applying for the license

- |    |  |     |    |
|----|--|-----|----|
| 1. | Has applicant or any affiliate operated a credit business in Texas or any other state? (If yes, attach a description.)   | Yes | No |
| 2. | Does applicant currently:  |     |    |
|    | A. Operate as a creditor in the state of Texas? (If yes, attach a description of transactions.)  | Yes | No |
|    | B. Operate as a creditor in states other than Texas? (If yes, attach a list of all states in which applicant currently operates and any licenses applicant may hold in these states.)  | Yes | No |
|    | C. Have other locations that will not be licensed? (If yes, attach a list of these locations.)   | Yes | No |
| 3. | Does applicant currently hold or has applicant ever held a license issued by any agency of the State of Texas, other than Texas Department of Transportation, Motor Vehicle Division? (If yes, provide license numbers, status, license type, and the name of the issuing agency.) | Yes | No |
| 4. | During the last ten (10) years, has applicant or any affiliate ever been:  |     |    |
|    | A. Denied any license or permit, or had a license or permit revoked? (If yes, provide a description and attach any documents.)   | Yes | No |
|    | B. Subject to a final order or agreed order by a regulatory agency that prohibited or limited activities of the applicant? (If yes, provide a description and attach any documents.)   | Yes | No |
|    | C. Found by a court to be liable for fraud? (If yes, provide a description and attach any relevant documents.)   | Yes | No |
|    | D. Found guilty of any crime? (e.g. RICO violations) (Not applicable to sole proprietors) (If yes, provide a description and attach any relevant documents.)   | Yes | No |
|    | E. Subject of bankruptcy or receivership? (If yes, provide a description and attach any relevant documents.)   | Yes | No |
| 5. | How does applicant intend to fund credit operations? _____   |     |    |

The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).



**LIST OF REGISTERED OFFICE(S) FOR A  
MOTOR VEHICLE SALES FINANCE LICENSE**

This form is only to be filed with your initial application for a motor vehicle sales finance license. If you already have a license, use ADM 71 (New Registered Office Notification) to add a Registered Office.

**Definition of Registered Offices** – Each location *other than the licensed location* where a licensee will originate, service or collect on retail installment contract subject to Texas Finance Code, Chapter 348. The term also includes any additional assumed name that the licensee uses at the single location to engage in a Chapter 348 transaction.

Number of registered offices in addition to main or central office \_\_\_\_\_.

**Licensee:** \_\_\_\_\_

DBA (Operating name) \_\_\_\_\_

Physical address (No P.O. Boxes) \_\_\_\_\_

City State  
Zip

Mailing address (if different from above) \_\_\_\_\_

City State Zip  
Fax Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Individual responsible for financing operations at this location

DBA (Operating name) \_\_\_\_\_

Physical address (No P.O. Boxes) \_\_\_\_\_

City State

Mailing address (if different from above) \_\_\_\_\_

City State  
Fax Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Individual responsible for financing operations at this location

**The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).**



## STATUTORY AGENT DISCLOSURE

*To be completed by all applicants*

The statutory agent is the person or entity to whom any legal notice may be delivered. The agent must be a Texas resident and list an address for legal service. If the statutory agent is a natural person, the address must be a physical residential address. If the applicant is a corporation or limited liability company, the statutory agent should be the registered agent on file with the Texas Secretary of State. If the statutory agent is not the same as the registered agent filed with the Texas Secretary of State, then the applicant must submit certified minutes appointing the new agent.

**Name of Applicant:** \_\_\_\_\_

*If the applicant is a proprietor or general partnership, enter the names of the owners.  
Otherwise, enter the name of the entity applying for the license.*

The Applicant does hereby appoint the following agent upon whom may be served all judicial and other process or legal notice:

**Name of Agent:** \_\_\_\_\_

**Agent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** TX **Zip Code:** \_\_\_\_\_

Agent Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Agent Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

In the case of death, removal from the State, or legal disability or disqualifications of the agent, service of all judicial and other processes of legal notice may be made upon the Consumer Credit Commissioner, State of Texas.

\_\_\_\_\_  
*Signature of Owner, Officer, or Director*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).**











**EMPLOYMENT HISTORY**

*Each principal party must complete and file this form.  
If space is insufficient for any answer, attach a complete answer.*

Provide a continuous record of business association for the last ten (10) years, ending with the most recent.  
Note: Account for time spent as student, unemployed, retired, etc. A resume may be submitted in lieu of this form.

Full Name: \_\_\_\_\_  
First
Middle
Last

DATES EMPLOYED			COMPANY NAME AND ADDRESS	POSITION AND DUTIES
	MONTH	YEAR		
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us)



**FINGERPRINT CARD INFORMATION AND ORDER FORM  
FOR  
MOTOR VEHICLE SALES FINANCE LICENSE**

The Office of Consumer Credit Commissioner (OCCC) is required by statute to obtain criminal history record information. Applicants for a license issued by the OCCC are required to provide legible fingerprints for *all* principal parties. The fee to investigate each principal party's record is \$40.00, payable when the application or fingerprint cards are submitted. A principal party is generally defined as one of the following:

**OWNER(S):** Proprietors and general partners. Proprietors must also include spouse(s) with community property interest.

**DIRECTOR(S):** All directors of privately-held corporations.

**OFFICER(S):** **Officers to include the Chief Executive Officer or President, the Chief Financial Officer or Treasurer, and those personnel with substantial responsibility for operations or compliance with the Texas Finance Code. Publicly traded corporations may choose to designate three (3) individuals in lieu of fingerprinting all officers.**

**MEMBER(S):** Voting members of a limited liability company.

*IMPORTANT NOTE: Any person who has previously submitted fingerprint cards to this agency is not required to submit cards again.*

**Take cards to a local law enforcement agency for completion. Return completed cards to the Office of Consumer Credit Commissioner with the applicable fees.**

Complete the order form below and include the number of fingerprint cards needed.

**FINGERPRINT CARD ORDER FORM**

Number of fingerprint cards requested \_\_\_\_\_

**Mail cards to:**

Attention:

Company Name:

Address:

City, State & Zip: \_\_\_\_\_

**Payment for investigation is due upon submission of cards (there is no charge for the cards themselves).**

Mail or fax this form to:

**Office of Consumer Credit Commissioner, 2601 N Lamar Blvd, Austin TX 78705 Fax: 512-936-7610**



# Application Fee Worksheet for Motor Vehicle Sales Finance Licenses



Payment must be in the form of a check or money order. Cash payments will not be accepted. Make check or money order payable to Office of Consumer Credit Commissioner.

### New Licenses:

Investigation Fee.....	\$ 200	X	1	=	\$ 200
Licensed Location Assessment Fee.....	\$ 460	X	1	=	\$ 460
Fingerprint Processing Fee..... (per individual fingerprinted)	\$ 40	X	_____	=	\$ _____
Registered Office Fee..... (per registered office, see explanation below)	\$ 25	X	_____	=	\$ _____
Registered Office Assessment Fee..... (per registered office, see explanation below)	\$ 430	X	_____	=	\$ _____
<b>Total Amount Due</b>					_____

### License Transfers:

Investigation Fee.....	\$ 200	X	1	=	\$ 200
Fingerprint Processing Fee..... (per individual fingerprinted)	\$ 40	X	_____	=	\$ _____
Registered Office Fee..... (per registered office, see explanation below)	\$ 25	X	_____	=	\$ _____
Registered Office Assessment Fee..... (per registered office, see explanation below)	\$ 430	X	_____	=	\$ _____
<b>Total Amount Due</b>					_____

### Do I have a Registered Office?

*Do you have more than one location that originates, services, or collects on retail installment contracts?*

If you do, your main location will be issued the primary motor vehicle sales finance license as the designated Licensed Location. All other locations—if they are originating, servicing, or collecting retail installment contracts—will be considered Registered Offices and will receive individual Registered Office licenses.

OR

*Do you use more than one assumed name at a single location?*

If more than one assumed name is used at a single location, a separate Registered Office license will be issued for additional assumed names. Only one assumed name can be printed on a license.

**IF YOU ANSWERED “NO” TO BOTH OF THE QUESTIONS ABOVE, DO NOT PAY THE \$25 REGISTERED OFFICE FEE OR THE \$430 REGISTERED OFFICE ASSESSMENT FEE.**



## STATEMENT REGARDING PREVIOUS INSTALLMENT TRANSACTIONS

*If you are purchasing another dealership and have permission to operate under their existing license, as described in administrative rule 7 TAC §84.604(e), this statement is not required.*

### **All questions must be answered**

1. Has the applicant made any retail installment contracts from September 1, 2002 to date? \_\_\_\_\_
2. Has the applicant sold vehicles for multiple payments from September 1, 2002 to date? \_\_\_\_\_
3. Has the applicant assigned or sold any retail installment contracts from September 1, 2002 to date? \_\_\_\_\_
4. Has the applicant collected on any retail installment contracts or collected the price of a vehicle in multiple payments from September 1, 2002 to date? \_\_\_\_\_
5. Has the applicant placed any liens on titles from September 1, 2002 to date? \_\_\_\_\_

### **If you answered "yes" to any of the questions above, provide the following:**

- A. Submit a list of all contracts made, a list of all vehicles sold for multiple payments, and a list of all accounts collected during this time. Each list should include the name of the buyer, contract date, vehicle cash price, amount of down payment, net trade in amount, total amount financed, payment frequency (monthly, semi-monthly, bi-weekly, weekly), total number of payments, and payment amount(s).
- B. From the list you provide, submit copies of ten (10) complete files. The complete file includes, but is not limited to, the buyers order, signed retail installment contract, payment history, certificate of title, and other documents related to that transaction. If there are fewer than ten (10) accounts, provide a complete copy of each file.

The undersigned affirms that all answers made in the Statement Regarding Previous Installment Transactions and in all supporting schedules and exhibits are true, correct, and complete. The Office of Consumer Credit Commissioner may conduct an on-site examination to review the information provided. **FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.**

Signature

Title

Date

**The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).**