TEXAS DEPARTMENT OF INSURANCE
Financial Regulation Division - Agent and Adjuster Title Licensing (107-TL)
333 Guadalupe, Austin, Texas 78701 ✯ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6475 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

TITLE AGENCY RENEWAL APPLICATION

RENEWAL FEE $35.00

License Type: Title Agency
Firm ID: _____
Expiration Date: _____
Invoice ID: _____

_____
TITLE AGENCY NAME (DBA not required, if any)

_____
MAILING ADDRESS

_____
CITY **STATE** **ZIP**

TITLE AGENT RENEWAL APPLICATION FORM

This form comprises part of the application for the renewal of the license listed above. All required items must be submitted together in a timely manner. Failure to comply with any one of these requirements may result in non-renewal of your license.

AGENCY STATUS: (check one) ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Direct Operation

Please answer the following questions and provide the information requested:

1) Have you ever had an application for license denied by the State of Texas or any other state? ☐ Yes ☐ No
If "**Yes**" give details on a separate page.

2) Have you ever had a license suspended or revoked by the State of Texas or any other state? ☐ Yes ☐ No
If "**Yes**" give details on a separate page.

3) Do your assets exceed your liabilities? If "**No**" give details on a separate page. ☐ Yes ☐ No

4) Have you filed all required statistical reports? ☐ Yes ☐ No

5) Have you filed all required 9.39 annual escrow audit reports? ☐ Yes ☐ No

(Item 6 applies to SOLE PROPRIETORS and INDIVIDUAL PARTNERS only)

6) Has sole proprietor or individual partner(s) completed Continuing Education requirements? ☐ Yes ☐ No
If "**Yes**", give name of sole proprietor or individual partner(s) and total hours for each:

_____ _____
NAME **HOURS**

_____ _____ _____ _____
NAME **HOURS** **NAME** **HOURS**

Explanation of Item 6: This question concerns completion of Continuing Education requirements per the requirements of Procedural Rule P-28, Sec. 12 (b). If you answer "**Yes**" to Item 6, and give the total hours completed, this renewal application constitutes a certified summary of completion certificate. You must attach individual completion copies of certificates as a part of this renewal application form. You must retain the individual completion certificates for a period of four (4) years. ***Notice: Your total requirements must include 1 hour of ethics if license is 10 months or more.***

CONTINUING EDUCATION HOURS

License Period	Total Required HOURS	Ethics
Less than 4 months	0	0
4 months up to and including 6 months	4	0
7 months up to and including 9 months	5	0
10 months up to and including 12 months	6	1
13 months up to and including 15 months	7	1
16 months up to and including 18 months	8	1
19 months up to and including 21 months	9	1
22 months or more	10	1

(INCREMENTS ARE IN FULL MONTHS -- DO NOT COUNT PARTIAL MONTHS)

(Item 7 applies to SOLE PROPRIETORS and INDIVIDUAL PARTNERS only) NOTE: IF MORE THAN ONE INDIVIDUAL PARTNER, HAVE ADDITIONAL PARTNER(S) COPY AND COMPLETE QUESTION 7a THROUGH 7d AND ATTACH TO THIS APPLICATION.

7) Excluding traffic violations and first offense DWI: Sole Proprietor or Partner Name _____

a. Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, any other state, or by the federal government? * ☐ Yes ☐ No

b. Have you ever been convicted of any misdemeanor or felony offense in Texas, any other state, or by the federal government? * ☐ Yes ☐ No

c. Have you ever had adjudication deferred on any misdemeanor or felony charge or offense in Texas, any other state, or by the federal government? * ☐ Yes ☐ No

d. Have you ever served any period or probation for any misdemeanor or felony offense in Texas, any other state, or by the federal government? * ☐ Yes ☐ No

If you answer "Yes" to question 7a, 7b, 7c, and/or 7d, provide full information with dates and details on a separate sheet of paper and attach certified documentation of the offense. However, if certified documents were previously provided to this department, do not resubmit. Application processing will be suspended until the details are received and a review is completed.

CERTIFICATION

I understand this application is for renewal of the license indicated herein. I hereby certify that all information contained in my original application for license and any subsequent renewal application including this renewal application is true and correct. (If not, provide details on a separate page.)

Title Agent MUST sign renewal form.

_____ _____

ORIGINAL SIGNATURE OF INDIVIDUAL AUTHORIZED TO SIGN FOR AGENT OPERATION **DATE**

_____ _____

TYPED OR PRINTED NAME OF SIGNATURE **TITLE/POSITION**

For verification purposes, complete below. Type or print your full company name and current company mailing address.

Company Name Approved by Texas Secretary of State _____

Physical Business Address _____

City _____ State _____ Zip Code _____

Address Change? ☐ YES ☐ NO

Area Code/Phone No. _____ Contact E-Mail Address: _____

(**E-mail address is required**) Do you give TDI affirmative consent to release the email address listed directly above with all Underwriters this Title Agency is appointed with? ☐ YES ☐ NO

It is your duty under the administrative rules to promptly notify this department by notification letter and completed Title Agent Update Form of an address change. If not updated above, you may mail proper notification to P. O. Box 149104, Austin, Texas 78714-9104.

Important notice for ALL licensees!

*Failure to comply with any one of these requirements may result in non-renewal of your license. All required items must be submitted simultaneously. A late fee of **$25.00** per renewal is charged in addition to the renewal fee if a COMPLETE renewal submission is not received by the current license expiration date. The **$25.00** late fee is charged if all requirements are **NOT** met within 90 days of expiration. If a license has been expired for over 90 days, the license may not be renewed and any renewal fees **WILL NOT** be refunded or applied towards a new application.*

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

Return renewal application to:

Regular Mailing Address
Texas Department of Insurance
Title Licensing, Mail Code 107-TL
P.O. Box 149104
Austin, Texas 78714-9104

Overnight Mailing Address
Texas Department of Insurance
Title Licensing, Mail Code 107-TL
333 Guadalupe Street
Austin, Texas 78701

Refer questions to: **(512) 676-6475**